



**COLORADO DEPARTMENT OF HIGHER EDUCATION  
COLLEGE OPPORTUNITY FUND APPEAL FORM**

This is the official form to request a College Opportunity Fund (COF) Appeal. The Colorado Department of Higher Education (CDHE), under the authority of the Colorado Commission on Higher Education (CCHHE) will accept appeals from students when:

- You believe an error was made that prevented the COF stipend from being applied to your tuition for a previous term or terms; AND
- The billing period has ended and the college can no longer request this funding on your behalf for the classes that were previously unfunded by COF; AND
- You have tried to resolve the issue with the college you attended during that term or terms; AND
- You have not exhausted all of the original 145.00 undergraduate hours allotted you under this state funding program.

PLEASE NOTE: Submitting a COF Appeal application to CDHE *DOES NOT* exempt you from paying all tuition and fees generated by the college. All tuition and fees must be paid in full by the applicable college deadline. However, upon approval of a COF appeal from CDHE, your tuition will be recalculated at the college and your COF hours will be adjusted on your COF account. CDHE will notify you and your college of these changes.

Your appeal will be considered based on the materials you provide, including the supporting or opposing facts submitted by the appropriate college offices and/or staff. In general appeals are granted to students who were billed incorrectly due to an error made by a college or by a COF administrator. Failing to create a COF account, authorize your college to bill COF on your behalf, or provide necessary information for the COF stipend when sufficient notification to do so was provided, are not grounds for an appeal to be granted.

If you have requested, but have been denied an institutional appeal by your college, a copy of the letter or form notifying you of this denial must be attached to the completed Appeal Form.

Please return Pages 2-4 of this completed form and all supporting documentation to:

Colorado Department of Higher Education  
1560 Broadway, Suite 1600  
Denver CO 80202  
ATTN: COF Appeals  
OR  
Fax to: 303-292-1606

If you have any questions please call: 720-264-8550 or 1-800-777-2757

**DHE COLLEGE OPPORTUNITY FUND (COF) APPEAL FORM**  
**(Please use black or blue ink)**

Please print clearly, or type, and complete all sections. **Incomplete forms will be returned.**

**SECTION 1: Student Information**

COF Person ID\* \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address (Street or PO BOX #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Day Time) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of College You Attended \_\_\_\_\_

\*Please call the College Opportunity Fund at 720-264-8550 or 1-800-777-2757 for this number.

The above information will be used to locate your COF account, to contact you and your college in case there are questions regarding this COF Appeal, or if additional documentation is required, and to notify you and your college of the approval or denial of this request. **All information submitted in this form will remain confidential.**

**SECTION 2: Justification for Receiving the COF Appeal**

According to Title 23, Article 18, of the Colorado Revised Statutes (CRS), which established the requirements for this state funding program, you may only receive a stipend from the College Opportunity Fund if you meet the following qualifications:

- A. You were enrolled at a public or private college or university participating in this state funding program and met the eligibility requirements at that college to receive COF; AND
- B. You have created a COF account; AND
- C. You have authorized the college to request a payment from COF on your behalf; AND
- D. You have not exhausted all of the original 145.00 undergraduate hours allotted you under this state funding program.

If you meet the above qualifications please state the reason or reasons you are applying for a COF appeal on a separate page. The explanation should clearly describe why you believe you did not receive COF for the classes listed in Section 3 below and should also state how you meet the circumstances described above.

Attach any documentation or correspondence with the college attempting to resolve this issue.

In addition to the documentation required above, if you have been denied an institutional appeal by the college, you must include that in your reason and submit that denial information.

**SECTION 3: Course Information**

I am appealing to the Colorado Department of Higher Education (DHE) requesting COF funding for the following courses:

<u>Course Number (e.g. MAT 101)</u>	<u>Term (e.g. FALL 2015)</u>	<u>Credit Hours</u>
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
Course #: _____	Term: _____	Credits: _____
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Course #: _____	Term: _____	Credits: _____

TOTAL CREDIT HOURS REQUESTED: \_\_\_\_\_

**SECTION 4: Certification Statement**

Please read this section carefully before signing. If you have any questions about any of these statements please call the College Opportunity Fund for clarification before signing.

- I certify that, to the best of my knowledge, the information I have provided in this COF Appeal Form is accurate, true and unaltered. If false information or falsified supporting documentation is discovered to have been included in this COF Appeal, the appeal becomes void and any action to grant the requested hours and COF funding will become retroactively nullified. In that event any funding paid to my college will be withdrawn and I will owe the college for any funding paid through this appeal.
- I understand I am responsible for the student’s share of tuition, plus all applicable fees, for all hours granted under this COF Appeal.

I have read and understand each of the statements. My signature verifies my understanding and agreement with these statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed