



**College Opportunity Fund (COF) Institutional Waiver**

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

The College Opportunity Fund (COF) allows all eligible Colorado residents to receive the COF stipend for up to 145 credit hours. **If a student exceeds their 145 lifetime credit hour cap and has exhausted or is ineligible to receive the Post Bachelor waiver, the student may apply to his or her college for a one-time, one-year Institutional Waiver. This waiver will last for three consecutive semesters (ex: Fall, Spring, Summer), and any un-used credits will expire at the end of the third semester**

Please state why you need these additional COF eligible credits at RRCC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Semester 1 \_\_\_\_\_ Requested Credits: **20**

Semester 2 \_\_\_\_\_ Requested Credits: **20**

Semester 3 \_\_\_\_\_ Requested Credits: **20**

**Total Credit Hours Requested: 60**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed waiver to:

- Student Records Department--Room 1200 on the Lakewood campus
- Fax 303-989-6919
- Scan and Email to [COF@rrcc.edu](mailto:COF@rrcc.edu)

<b>OFFICE USE ONLY:</b>	
Waiver Decision: Approved _____ Denied _____ (Reason for Denial: _____)	
Administrator _____	Date _____