

Pikes Peak Community College
Waiver request for Institutional Exception to the
145 College Opportunity Fund Lifetime Hours

Instructions to request additional COF lifetime hours

- Fill out this form completely and legibly, all appeals must be in writing
- Submit all documentation with this form. All information submitted is confidential
- PPCC will consider each waiver request based on the materials provided and the facts submitted by the appropriate PPCC offices and/or individuals
- PPCC must receive the COF Waiver Request within the semester you exceed your COF lifetime limit. PPCC cannot grant COF Waiver Requests retroactively
- Return the Waiver Request form and all supporting documentation to:
Steve Ochsner
Director of Enrollment Services
5675 S. Academy Blvd, C8
Colorado Springs, CO 80906

Process and Deadlines

- The State of Colorado limits the number of waivers to COF lifetimes house that PPCC can approve in a 12-month period (August through July). PPCC's Enrollment Services office monitors and grants the number of COF Waivers.
- If approved, PPCC will award the student a one-time 30-credit waiver. The student must use the additional stipend hours within three consecutive semesters.
- PPCC calculates excess COF lifetime hours at full tuition. Submitting a COF Waiver Request does not exempt you from tuition fees or deadlines and does not guarantee approval.
- If PPCC approves the COF Waiver Request and awards additional COF lifetime hours, PPCC will recalculate your tuition bill and adjust your COF lifetime hours. As part of the COF required reporting, PPCC will notify the Colorado Student Loan Program office of the COF institutional waiver status.
- PPCC will notify you of a final decision in writing or via e-mail. The Waiver Request Committee will meet monthly to review all requests. The decision of the committee is final and binding-there is no appeal after the Committee has made its decision.

Waiver Criteria

1. Extenuating circumstances that exist outside the student's control (health, physical ability, change of work hours/location) that kept the student from finishing the degree program within the 145 COF lifetime credit hour limit.
2. CCHE approved and the institution implemented an alteration of the degree requirements or standards for the student's specific degree.
3. Paying in full the amount of the total in-state tuition for credit hours that exceed 145 COF credit lifetime limit would cause substantial economic hardship on the student or the student's family.
4. According to SB04-189 and SB 05-132, priority for waivers to the COF undergraduate maximum hours are given to students who participation in the Post-Secondary Options Program (PSEO) during high school, and who still might need more than 145 COF hours to complete their associate's degree/certificate program or to those seeking job retraining.

Additional PPCC Considerations for COF Waiver Requests:

1. Review of the student's academic transcript, including changes in major, course withdrawals, etc.;
2. If PPCC granted a previous tuition refund. Since CCHE policy requires that students who withdraw from classes must use COF hours for those courses taken in that term even though tuition might have been refunded, this might be considered reason for a waiver of the 145 hours, for an amount of hours equal to the hours taken in the withdrawn semester.
3. Review of transfer hours (if applicable) and how many did not count towards current degree program (only for students enrolled in PPCC or college prior to July 1, 2005).

If a waiver is approved, you must complete the additional hours within three consecutive terms, not to exceed a period of 365 days.

Only one institution waiver for COF lifetime hours is allowed per student during that student's lifetime. Please plan accordingly.

Completed by student: I want to complete these hours over the following consecutive term(s):

Semester 1 _____ credit hours anticipated _____

Semester 2 _____ credit hours anticipated _____

Semester 3 _____ credit hours anticipated _____

Student Number (S#) _____

Name (First, Middle, Last): _____

Mailing Address: _____

Day-Time Phone Num: _____

E-mail address: _____

On a separate page, please describe the reason(s) that you are requesting an exception to the 145 College Opportunity Fund lifetime credit hours maximum. Include all applicable supplemental documentation.

Certification Statement

- I certify to the best of my knowledge the information in this waiver request is accurate, true and unaltered. If false information or falsified supporting documentation is found to have been included in this waiver request, the request becomes void, and the resultant action becomes retroactively nullified.
- I understand that if this COF institutional waiver is approved, it is one 30-credit hour lifetime waiver for the 145 COF lifetime hours limit, and all hours approved must be completed within three consecutive semesters specified by the Waiver Committee.
- I understand that if I have not received an associates/certificate degree at the end of the waiver period and choose to continue my course work, I must pay full tuition (without COF voucher credit) for all hours in excess of the hours added to my COF lifetime limit.

Student Signature

Date

For Waiver Committee/Office Use Only

As of _____ date:

COF lifetime hours _____ COF hours used _____ COF hours remaining _____

____ Waiver denied because criteria not met.

____ Waiver denied because waiver limit met-CCHE waiver possible

____ Waiver approved - Start term _____ End Term _____