



College Opportunity Fund Appeal Form

Instructions to request COF Stipend for past semesters:

- Fill this form out 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 Appeal request by the end of the NEXT semester of the student not receiving the COF stipend. (i.e. if requesting funds for fall term, appeal must be submitted by the end of the spring term, etc)
- Return the COF Appeal form and all supporting documentation to:

Enrollment Services
Pikes Peak Community College
5675 S. Academy Blvd, Box C8
Colorado Springs, CO 80906

or Fax to 719-502-2075

or Email to records@ppcc.edu

Process and Deadlines

- 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 Appeal, PPCC will recalculate your tuition bill.
- PPCC will notify you of a final decision in writing or via e-mail. The COF Appeal 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.

Student Number (S#): _____

Name (First, Middle, Last): _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Term Appealing COF: _____

COF APPEAL

Please explain why you did not receive the COF stipend for previous semester(s) and why you are petitioning for the stipend now. Please include all documentation with the appeal.

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.

Student Signature

Date

For COF Appeal Committee Only

As of _____ date:

_____ **Appeal Denied**

_____ **Appeal approved for Semester** _____ **COF Hours** _____

Notified Financial Services: _____

Sent Student Letter: _____