

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:

~~1. The student is a~~

~~2. The student is a~~  
; ~~3.~~

Please print clearly, or type, and complete all sections. \_\_\_\_\_.

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

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

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

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.

