Enrollment Services
Financial Aid

3333 Regis Boulevard A-8
Denver, Colorado 80221-1099

303-458-4126 / 1-800-568-8932
FAX: 303-964-5449
enrolsvc@regis.edu

Authorization to Request College Opportunity Fund (COF) Stipends

Please check the appropriate box and sign below to either release or rescind authorization for Regis University to request COF stipends on your behalf from College Assist and apply them to your student account at Regis University.

Name: _____ _____ _____
Last First M.I.

Phone Number: _____ Email: _____@ regis.edu

Regis ID: _____ Last 4 Digits of Social Security #: _____

This agreement is effective for the entire time I attend Regis University as an eligible COF undergraduate student or until such time as I choose to rescind my authorization by submitting a new form.

☐ By signing below, I authorize Regis University to apply my COF stipends to my Regis University student account.

☐ By signing below, I rescind my authorization for Regis University to request a COF stipend on my behalf.

I have read and understand the information available at http://www.regis.edu/scholarships regarding the COF stipend. I understand that this authorization applies to all eligible courses I take during my undergraduate program at Regis University.

I also understand that I will no longer be eligible for the COF stipend if:

1) My financial situation changes and I no longer qualify for the federal Pell Grant program based on need.
2) I cease to be a Colorado resident.
3) I exceed the maximum COF credit hours allowable.
4) I receive a tuition waiver.
5) I am no longer enrolled at Regis University.

Signature: _____ Date _____

A legible photocopy of facsimile of this document is as valid as the original.

After printing and signing this document, fax it to 303-964-5449, mail it to Regis University at the address above, or scan and email it to enrolsvc@regis.edu.