



# COLLEGE OPPORTUNITY FUND (COF) STIPEND AUTHORIZATION

**PLEASE FILL OUT THE FORM AND TURN IT IN TO THE OFFICE OF THE BURSAR**

Students who have applied for a COF Stipend from the state of Colorado must also authorize their school to receive the funds on their behalf each semester.

By signing and dating this form, you are authorizing or declining COF dollars for the designated semester below.

\_\_\_\_ I choose to **Lifetime Authorize** the use of my COF Stipend for all eligible credits for this term

\_\_\_\_ I choose to **decline** the use of my COF Stipend for this term

_____	_____	_____	_____
Semester	Year	Student ID #	Phone #
_____	_____	_____	_____
Print Name	Signature	Date	

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