



Financial Aid Office P.O. Box 309 Jamestown, NC 27282
Phone: 336.334.4822 Option 3 Fax: 336.217.8468

Post-Withdrawal Disbursement Form

Student Name: _____

GTCC ID: _____

Permanent Phone Number: _____

Personal Email: _____

Address (Street, City, Zip): _____

For Which Term is This Post-Withdrawal Disbursement

Fall Spring Summer

Select One of the Following:

- I accept the full loan amount being offered as a post-withdrawal disbursement.
- I accept a portion of the loan amount being offered as a post-withdrawal disbursement.

AMOUNT REQUESTED: \$ _____

This form must be submitted within 14 days of the date of the notification letter you received. If you accept the aid offered, it will be applied to any debt owed to the college and a refund for the balance sent to you. If written notice is not received within the 14 day period, we will cancel the funds with the Department of Education.

Student Signature _____ Date _____

Please return this completed form to: GTCC Financial Aid Office, PO Box 309, Jamestown, NC 27282 or FAX to 336-217-8468.