



Financial Aid Office P.O. Box 309 Jamestown, NC 27282
Phone: 336.334.4822 Option 3 Fax: 336.217.8468 Email: finaid@gtcc.edu

MAXIMUM TIME FRAME APPEAL FORM

Student Name: _____ GTCC ID: _____

Telephone: _____ Titan Live E-mail: _____

Directions: Complete all 4 sections below and submit it with all documentation to the Financial Aid Office, who will forward your paperwork to the GTCC Retention Committee for a decision. Their decision is final. Incomplete appeals or poorly documented appeals will be denied. (*Note: Students who do not have a 67% completion rate and/or 2.0 GPA must also submit a separate unsatisfactory progress appeal form.*)

I. By initialing each item below you are indicating that you understand and agree to abide by the following conditions of the appeal if approved:

_____ I must achieve a semester Grade Point Average of 2.0 for each semester of approval.

_____ I must maintain a 75% completion rate for each semester of approval.

_____ I understand that I will only receive financial aid for the number of semesters approved.

II. _____ Attach a separate written or typed detailed explanation of the circumstances in which you exceeded the maximum timeframe allowed to earn a degree and what are your academic and career goals.

III. _____ Provide a Faculty Coach or Student Success Center Advisor's statement written on school letterhead or via E-mail listing the remaining number of credits needed for graduation and include the month and year of your expected graduation. They may email: finaid@gtcc.edu

IV. Check the box next to the circumstances that merit an appeal (check all that apply):

My Program of Study has changed from: _____ To _____

I have transfer credit hours from other colleges

I have already completed an Associate's or Bachelor's Degree and am pursuing a second degree or certificate

I have two or more active degree or certificate programs towards a double major

I transferred in or was required to take a significant number of prerequisite courses before enrolling in a limited enrollment program.

My signature confirms that I understand the terms of the appeal and that I have provided accurate, complete and current information.

Student Signature _____ Date _____

Office Use Only

GPA: _____ Completion Rate: _____ Reinstatement Term: _____ Deadline: _____

USAP: _____ Second Appeal: _____ Extension: _____

FAXXMTFO Updated: 02/05/18