

Post-Withdrawal Disbursement Form

Student Name:	
GTCC ID:	
Permanent Phone Number:	
Personal Email:	
Address: (Street, City, Zip)	

Which Term is This Post-Withdrawal Disbursement For:		
<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

Select one of the following:	
<input type="checkbox"/>	I accept the full loan amount being offered as a post- withdrawal disbursement.
<input type="checkbox"/>	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.**