



GNTC ID

Last Name

First Name

M.I.

2024-2025 Financial Aid
Max-Timeframe Appeal

Financial Aid Office
Phone: 1-866-983-4682
E-mail: [Financial Aid](#)
Fax: (706) 802-5041

Term you are applying for reinstatement of aid: Fall ☐ Spring ☐ Summer ☐

In order for you to be eligible to appeal the denial of aid due to meeting or exceeding the Maximum Timeframe allotted for your current program, complete the following and have an academic advisor sign off on the classes needed to graduate, or be evaluated for a change of program:

1. What is the major code of the program you are currently enrolled in? _____
2. If you are changing programs, what is the major code you will be enrolling in? _____
3. If you are not changing programs, have your Academic Advisor provide a list of classes needed to graduate. This list needs to be completed in its entirety, or the form will be sent back to you if there is any missing information.

CRN	Subject	Course Number	Credit Hours

Advisor Printed Name: _____

Advisor Signature: _____ Date: _____

Your student email is the official form of communication for Georgia Northwestern Technical College. We will send you notification of the Committee's decision to your student email account. It is your responsibility to check your email account frequently for any information the Office of Financial Aid may send you.

*Please allow a minimum of 2 weeks for the appeals to be reviewed.

My signature below certifies that I understand the financial aid appeal process and what is required by me:

Student's Signature	Date

For FAA Committee Use Only:

Determination: 150% Appeal Approved Denied

Comments: _____

Committee initials: (1) _____ (2) _____ Date: _____

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