



Application for Waiver of the Maximum Time Frame Requirement for Federal Financial Aid (Title IV) 2026-2027

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

Federal Regulations require that students receiving federal financial assistance (including Federal Direct Stafford and Direct PLUS Loans) are expected to complete an associate's degree by attempting a maximum 150% of the credits required for the degrees. (For an example, a program requiring 60 credits for graduation must be completed in 90 hours attempted.) When the student's attempted hours are equal or exceed 150% of the credits required for the degree, the student is no longer eligible for federal financial aid.

Student Name: _____ ID/SSN: _____

Student Address: _____

Student Phone: _____ Student Email: _____

In order to apply for a waiver of the Maximum Time Frame Requirement, the student must:

1. Explain why they have attempted 90 or more credit hours and do not yet have an associate's degree, OR why they are enrolling for an additional degree.
2. Detail their plan for completing their degree at Genesee Community College.
3. Have their plan approved by their academic advisor.

Please provide the following information:

Current degree program: _____

Expected GCC Graduation Date (month/year): _____

Total Number of Attempted Hours: _____ Total Number of Transfer Hours: _____

Total Number of Earned Hours: _____ Cumulative Grade Point Average: _____

Please explain why you have attempted 90 or more credit hours and do not yet have an associate's degree, OR why you are enrolling for an additional degree.

The following is my plan for graduation. I expect to take the following courses in the listed semesters in order to graduate as soon as possible. If you plan to take a course not required for graduation, please note that you cannot receive any federal or state financial aid for non-required courses.

| Course | Semester | Course | Semester |
|---------------|-----------------|---------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I understand that if this waiver is approved I must satisfactorily complete the above courses in the indicated semesters. I understand that if I withdraw or fail any of the courses, I will lose my federal financial aid eligibility at Genesee Community College.

Student Signature: _____ **Date:** _____

***Student: please provide this form to your academic advisor. They will submit it to the Financial Aid Office.**

Academic Advisor's Signature (required): _____

Academic Advisor's Name: _____

**Genesee Community College, Financial Aid Office
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