

(BFGRx) Bright Futures Scholarship: Less Than Half-time Graduating Seniors

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

IMPORTANT: This form must be completed (including any attachments) and submitted to Office of Financial Aid immediately, but no later than:
November 10, 2023 for fall March 8, 2024 for spring June 14, 2024 for summer

Note: This form will be processed within (10) business days after drop/add. Courses that do not satisfy current degree requirements will not be approved. If you drop your course(s), you will be billed for the amount that was paid. To upload your document into OASIS, please follow these instructions: <https://www.usf.edu/financial-aid/howto/unsatisfied-requirements.aspx>. If the link is not in OASIS, you will need to contact the Office of Financial Aid (<https://www.usf.edu/financial-aid/questions/>) to request the link to upload the form in OASIS.

Instructions: To be completed by an USF Departmental Academic Advisor. Incomplete forms will be denied. This form will be processed after drop/add. Forms submitted at the start of the semester, when volume is heavy, may take longer.

- The following information is for the term (choose only one term): Fall Spring Summer
- Is this student classified as an undergraduate or graduate degree-seeking student at USF? Undergraduate Graduate
- Major Code/Description: _____
- List the courses that apply towards the student's current USF primary major/degree program:

Courses				Satisfies Outstanding Requirement for Current Degree?	Indicate Degree Requirement Satisfied
Subject	Course Number	Course Title	Credit Hours		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total:					

USF Academic Advisor:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct.

Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

NOTE: Department Stamp must be provided or advisor must sign using Docusign

Print Name

Title

Email

Signature

Phone Number

_____/_____/_____
Date



Department Stamp

Student:

By signing this form, I certify that all the information reported to qualify for state student aid is complete and correct.

Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student Signature

_____/_____/_____
Date

All signatures must be wet or Docusign. Typed signatures will not be accepted.

2023-2024