

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

# 2024-2025

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 08, 2024 for fall      March 07, 2025 for spring      June 13, 2025 for summer**

**Note:** 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.

**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	
<b>Total:</b>					

**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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**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.

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