NSU Florida
FINANCIAL AID AND ACADEMIC RECORDS
Office of Financial Aid
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Repayment Exception Form
Florida Bright Futures

A Florida Bright Futures recipient who drops or withdraws from any course(s) is required to repay the cost for these courses unless the student can successfully prove extenuating circumstances. To request an exception to the repayment requirement, you must prove extenuating circumstances by submitting this completed form along with appropriate documentation and a letter explaining your circumstances to the Office of Student Financial Assistance (OSFA) by May 1 of the academic year in which the drop/withdrawal occurred.

Upon review, the OSFA will make a recommendation to the State of Florida Department of Education. You will be notified by the OSFA whether your request for an exception to the repayment requirement has been granted.

Student's Name _____ NSU ID/SSN_____
Last, First

Address _____
Street, City, State, Zip

Appealing:

Academic Year: _____ Term: ☐ Fall ☐ Winter

Reason for Exception:

☐ Personal illness or injury (must provide a written statement from a physician.)
☐ Death of an immediate family member (must provide copy of the death certificate.)
☐ Emergency beyond your control (must provide appropriate documentation verifying extenuating circumstances.)

Student Certification:

I certify that the information I have provided on this form is accurate and true. I understand that if I purposely give false or misleading information, I may be subject to severe legal penalty.

Student's Signature_____ Date:_____

This document may be signed electronically in the space indicated below. By signing this document electronically using Adobe Reader, Mac Preview, or the Microsoft Edge Browser, you are representing that you intend and agree that such electronic signature shall have the same binding effect as a handwritten signature, for purposes of validity, enforceability, and admissibility of this document. Any method of electronic signature other than as above-described may not be acceptable to NSU.

For Internal Use Only:

Exception Status:
Date Reviewed: _____Approved _____ Denied_____