Florida Agricultural and Mechanical University
TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS
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2026-2027 Bright Futures Appeal Form

Student Information

Full Name (First, MI, Last): _____

FAMU Student ID: _____

Phone Number: _____

Email Address: _____

Term/Year of Appeal: _____

Current GPA: _____

Reason for Appeal: (check one or more):

☐ Medical Issue

☐ Family Emergency

Explanation of Circumstances: (Please attach a separate page with a brief statement)

Supporting Documentation:

Please attach all relevant documents to support your appeal (medical records, advisor's statement, etc.).

Student Certification:

I certify that the information provided on this form is true and accurate. I understand that incomplete forms or missing documentation may result in a denied appeal.

Signature: _____Date: _____