

## OFFICE OF THE REGISTRAR

5840 26th St. W., Bldg. 1, Rm. 237, Bradenton, FL 34207 • phone 941-752-5060 • fax 941-727-6380 Registrar@SCF.edu

## **ENROLLMENT CORRECTION**

(This form is not intended for Dual Enrollment students)

MANATEE-SARASOTA							
G00							
1) Name: Last			First			Middle Initial	
2) Phone # ( )							
3) For Term/Year: √ one: [ ] Fall [ ] Spring [ ] Summer A/C [ ] Summer B Year							
Check	CRN	Prefix	Number	Section	Credit Hours	Required Signatu  1. Instructor and 2. De	
Add Drop Admin or Faculty Withdrawal Reinstatement Section Change No Show							
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Add Drop Admin or Faculty Withdrawal Reinstatement Section Change No Show							
Justification (must be completed for any change to the students record):							
Associate Provost or Dean Da (Signature only required for Drop)			Date	(Signatur	Assistant Dean Date Signature only required for Faculty Withdrawal when lept. Chair is unavailable)		

Office of the Registrar Forms/Rev:09/23

Registrar Use Only: Date Processed Initials