



EARLY COLLEGE
 5840 26th St. W., Bldg. 1, Rm. 237, Bradenton, FL 34207 • phone 941-752-5422
 8000 S. Tamiami Trail, Bldg. 100, Venice, FL 34293 • phone 941-408-1300, ext. 65422
 EarlyCollege@SCF.edu

Correction to Early College Application

Name: _____

SSN or SCF ID/G NUMBER: _____

**This form is used to correct your Early College application.
 Please check and complete only the section(s) that apply to you.**

I would like to change my start term:

I originally completed an Early College application for the following term:
 Fall Spring Summer 20_____

I would like to change my Early College application start term to:
 Fall Spring Summer 20_____

I would like to update my High School:

Original High School: _____

Updated High School: _____

Once complete, please email this document to registrar@scf.edu.

Applicant's Signature _____ Date _____

For Office Use Only

Date Input: _____ Initials: _____