STATE COLLEGE OF FLORIDA
MANATEE-SARASOTA

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)

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 Signatures: 1. Instructor and 2. Dept. Chair
☐ Add ☐ Drop ☐ Capacity Override ☐ Reinstatement ☐ Section Change ☐ No Show						
☐ Add ☐ Drop ☐ Capacity Override ☐ Reinstatement ☐ Section Change ☐ No Show						
☐ Add ☐ Drop ☐ Capacity Override ☐ Reinstatement ☐ Section Change ☐ No Show						
☐ Add ☐ Drop ☐ Capacity Override ☐ Reinstatement ☐ Section Change ☐ No Show						

Justification (must be completed for any change to the students record):

_____ _____
Associate Vice President or Dean Date
(Signature only required for Drop)

Student Signature

Office of the Registrar Forms/Rev:08/26

Registrar Use Only:
_____ _____
Initials Date Processed