



Elizabeth City State University
Elizabeth City, North Carolina 27909

**OFFICE OF THE
VICE CHANCELLOR FOR ACADEMIC AFFAIRS**

GRADUATE STUDENT PERMIT FOR EXCESS HOURS

NAME _____ STUDENT ID # _____

DEGREE PROGRAM _____ INTENDED GRADUATION DATE _____

REASON FOR TAKING EXCESS HOURS:

Hours Earned _____

Cumulative GPA _____

Signature of Student

Date

Signature of Advisor

Date

Signature of Department Chairperson

Date

Signature of Dean of the School

Date

Signature of Director of Graduate Students

Date

Signature of Provost/Vice Chancellor for Academic Affairs

Date

Copy Distribution: Registrar Chairperson Dean Director Student Academic Affairs