



**Elizabeth City State University**  
Elizabeth City, North Carolina 27909

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

**PERMIT FOR EXCESS HOURS**

NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

MAJOR \_\_\_\_\_

INTENDED GRADUATION DATE \_\_\_\_\_

REASON FOR TAKING EXCESS HOURS:

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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 Provost/Vice Chancellor for Academic Affairs

\_\_\_\_\_  
Date

**Copy Distribution:** Registrar      Chairperson      Dean      Student      Academic Affairs