

Elizabeth City State University

Elizabeth City, North Carolina

Office of the Provost and Vice Chancellor for Academic Affairs

PERMIT FOR TRANSIENT STUDY

Student ID # _____ Major Department _____

Last Name First Name Middle

Address

City State Zip Code

Telephone# _____ Email Address _____

Check Appropriate Items: School Year _____ - _____

Fall Spring Summer Correspondence Extension

I request permission to enroll for the following courses at:

Name and Address of Institution

Dept.	Course Number	Credit Hrs.	Descriptive Title	ECSU Equivalent		
				Dept.	Course Number	Credit Hrs.

Student's Signature _____ Date _____

(This permission is not valid if you are declared ineligible to return at the end of the Spring Semester)

Recommended: _____
Advisor Date

Major Department Chairperson Dean Date

Registrar's Office Use Only

GPA _____
Initials _____

Provost and Vice Chancellor for Academic Affairs (Designee) Date

This request is Approved Denied