



## PERMIT FOR TRANSIENT STUDY

### Division of Academic Affairs

Banner ID: \_\_\_\_\_ Major Department: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

School Year: \_\_\_\_\_ - \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**I request permission to enroll in the following courses at:**

\_\_\_\_\_  
 Name and Address of Institution

Elizabeth City State University				Other Institution			
Dept.	Course #	Credit Hours	Title	Title	Dept.	Course #	Credit Hours

*Must include Catalog Descriptions from ECSU and Other Institution*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (This permission is not valid if you are declared ineligible to return at the end of the Spring Semester)

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_  
 From Dept. where the courses are being requested (If necessary, See Page 2 attached)

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Major Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Provost/Vice Chancellor for Academic Affairs Date: \_\_\_\_\_

**Registrar's Office Use Only**

Classification \_\_\_\_\_ GPA \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

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If courses are being requested from two (2) or more Departments, please receive approvals below:

Chairperson #2: _____ <i>(Department where course is being requested)</i>	Date: _____
Chairperson #3: _____ <i>(Department where course is being requested)</i>	Date: _____
Chairperson #4: _____ <i>(Department where course is being requested)</i>	Date: _____