



ELIZABETH CITY STATE UNIVERSITY
Elizabeth City, North Carolina

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

GRADUATE STUDENT CHANGE OF SCHEDULE FORM

PURPOSE: To secure permission to change class schedule (adding or dropping courses and/or section) by having your name recorded or deleted from the computerized class rolls through the Registrar's Office.

- DIRECTIONS:**
- When dropping a course – First return the textbook to the bookstore and obtain the bookstore manager's initials and date to indicate receipt of the textbook. *Initials of Bookstore Manager* _____ *Date* _____ Obtain instructor's signature then meet with Program Coordinator.
 - For adding a course, first obtain approval and signature of your **Faculty Advisor** during **PRE-REGISTRATION**.
 - Or obtain approval and signature of your **Faculty Advisor** and **Department Chairperson** during the **Official Registration Period**.
 - Obtain approval and signatures of your **Instructor, Faculty Advisor, Department Chairperson, and Program Coordinator after the Official Registration Period ends**.
 - A **\$5.00 fee** is payable to the Cashier if the only transaction is dropping a course, submit proof of payment with the Change of Schedule Form to the Office of the University Registrar, First Floor, Marion D. Thorpe Administration Building. *Initials of Cashier* _____ *Date* _____

SPECIAL NOTE: *If you change from one course to another or change from one section to another, it must be reported to the Registrar's Office through this Change of Schedule Form, so that your name will appear on the official class rolls.*

VOID IF NOT PROCESSED 30 DAYS AFTER THE SEMESTER CLOSES!!

CHANGE OF SCHEDULE FORM

Student Name _____ Student ID # _____ Student Signature _____ Date _____

COURSES DROPPED

SIGNATURES FOR DROPPING

Course Abbrev.	Course/Call No.	Section No.	Course Title

Instructor Date

Program Coordinator Date

COURSES ADDED

SIGNATURES FOR ADDING

Course Abbrev.	Course/Call No.	Section No.	Course Title

Instructor Date

Faculty Advisor Date

Department Chairperson Date

Program Coordinator Date

Total Hrs. Registered _____ Total Hrs. Dropped _____

Total Hrs. Added _____ Total Class Load After Change _____