



Elizabeth City State University
Elizabeth City, North Carolina

Office of the Provost and Vice Chancellor for Academic Affairs

GRADUATE STUDENT PERMIT FOR EXCESS HOURS

Name Banner ID#

Classification Major

Intended Graduation Date

Please Note: The Change of Schedule Form, which is located on the reverse side of this Form, or on the Website must also be fully completed and attached before your request for Excess Hours can be processed.

Reason for Taking Excess Hours:

Multiple horizontal lines for writing the reason for taking excess hours.

OFFICIAL OFFICE INFORMATION

Hours Attempted Hours Passed Quality Points Cumulative GPA

Signature-Registrar's Office Date

Signature-Student Date

Signature-Advisor Date

Signature-Department Chairperson Date

Signature-Director of Summer School Date

Signature-Provost/Vice Chancellor for Academic Affairs or Designee Date

Copy Distribution: Registrar Chair Academic Affairs



ELIZABETH CITY STATE UNIVERSITY
Elizabeth City, North Carolina

OFFICE OF THE
PROVOST AND 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: 1. When "only dropping a course(s)" after the Official Registration Period ends-First, sign the Change of Schedule Form and obtain Department Chairperson's signature. Second, submit \$5.00 payment to the University Cashier. Third, submit Change of Schedule Form with proof of payment to the Registrar's Office.
2. For adding (only) a course(s) or adding and dropping a course(s) after the Official Registration Period ends— First, sign the Change of Schedule Form and obtain signatures of the Faculty Advisor and the Department Chairperson. Second, submit Change of Schedule Form to the Registrar's Office. Third, pick up/return textbook(s) from the Book Rental Store.

SPECIAL NOTES: 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.

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.

All textbooks must be returned to the Book Rental Store. The full cost of each textbook that is not returned to the Book Rental Store will be charged to your Student Account.

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

CHANGE OF SCHEDULE FORM

Student Name _____ Banner ID# _____ Date _____

COURSES DROPPED

Table with 4 columns: Course Abbrev., Course/Call No., Section No., Course Title. Contains 5 empty rows for data entry.

Total Hrs. Registered: _____
Total Hrs. Dropped: _____
Total Hrs. Added: _____
Total Class Load After Change: _____

SIGNATURES FOR DROPPING ONLY

Student Signature _____
Faculty Advisor _____

COURSES ADDED

Table with 4 columns: Course Abbrev., Course/Call No., Section No., Course Title. Contains 5 empty rows for data entry.

SIGNATURES FOR ADDING

Student Signature _____
Faculty Advisor _____
Department Chairperson _____
Instructor's Signature (only if class is closed) _____

