



ELIZABETH CITY STATE UNIVERSITY  
Elizabeth City, North Carolina

OFFICE OF THE  
PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS

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 CLOSSES!!**

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CHANGE OF SCHEDULE FORM

Student Name \_\_\_\_\_ Banner ID# \_\_\_\_\_ Date \_\_\_\_\_

**COURSES DROPPED**

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

**COURSES ADDED**

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

Total Hrs. Registered: \_\_\_\_\_  
Total Hrs. Dropped: \_\_\_\_\_  
Total Hrs. Added: \_\_\_\_\_  
Total Class Load After Change: \_\_\_\_\_

**SIGNATURES FOR DROPPING ONLY**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Advisor

**SIGNATURES FOR ADDING**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Instructor's Signature (*only if class is closed*)