



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 CLOSES!!

CHANGE OF SCHEDULE FORM

Student Name _____ Student 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

Department Chair

SIGNATURES FOR ADDING

Student Signature

Faculty Advisor

Department Chairperson