



**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:**
1. 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.
  2. For adding a course, first obtain approval and signature of your **Faculty Advisor** during **PRE-REGISTRATION**.
  3. Or obtain approval and signature of your **Faculty Advisor** and **Department Chairperson** during the **Official Registration Period**.
  4. Obtain approval and signatures of your **Instructor, Faculty Advisor, Department Chairperson, and Program Coordinator after the Official Registration Period ends**.
  5. 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**

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

**SIGNATURES FOR DROPPING**

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Program Coordinator Date

**COURSES ADDED**

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

**SIGNATURES FOR ADDING**

\_\_\_\_\_  
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 \_\_\_\_\_