

SCHEDULE REVISION REQUEST

INSTRUCTIONS:

1. Complete this form to request a revision to your schedule in the current term after approved add/drop/change deadlines have passed. Refer to the [Academic Calendar](#) to determine approved deadlines for the term.
2. Do not use this form to add courses before the census date. Adds to closed/reserved sections prior to census should be processed through the department responsible for the course.
3. Do not use this form to drop all of your courses. Instead, see [REG 02.05.04](#) for information on how to request a withdrawal from the university.
4. For certain requests, the [SUPPLEMENTAL DATA FORM](#) must be submitted with this form. See asterisks in Section 2 to determine which actions require this additional form.
5. In Section 2.B., moving from one course to another after census is generally used to correct a student's registration (e.g., move a student to a lower or higher level class within the same academic subject area, change a graduate student's research class, or change sections of the same class). In these cases it is usually appropriate to not post a W grade for the course that the student is moved/dropped from.
6. **Schedule revision request of a course in which there is a pending Academic Integrity violation investigation is not permitted.** Forging signatures or altering entries approved by University officials is a violation of the *Student Integrity Policy*. Schedule revisions that do not comply with university policies, rules, and regulations will be invalidated.

Return completed forms to:

Department of Registration and Records

1000 Harris Hall

Box 7313, Raleigh, NC 27695

Fax: (919) 515-2376



Enrollment Management and Services
Department of Registration & Records

registrar.ncsu.edu

Campus Box 7313
1000 Harris Hall
Raleigh, NC 27695-7313

P: 919.515.6278
F: 919.515.2376
E: studentservices@ncsu.edu

SCHEDULE REVISION REQUEST

SECTION 1: To be completed by the student. Please write legibly. Instructions are on the reverse side of this form.

ID NUMBER: _____ NAME: _____
Last First MI

CAREER: UGRD GRAD AGI DVM NDS MAJOR: _____

COURSE: _____ CREDIT HOURS: _____ TERM: FALL SPRING SUM1 SUM2
Prefix Number Section

YES NO **Do you receive FINANCIAL AID: Fellowships, Graduate Student Support Plan, Grants, Loans, Scholarships, or Work-study?** Be aware that dropping a course could impact your financial aid for current or future semesters and may result in repayment of financial aid received. If you have questions, contact the Office of Scholarships and Financial Aid at (919) 515-2421; 2016 Harris Hall.

YES NO **Are you currently a STUDENT ATHLETE at NC State?** Course drops and changes to credit only or audit must first be approved by your academic advisor in the Office of Academic Support Programs for Student Athletes.
Approved By: _____ Date: _____

YES NO **Are you an INTERNATIONAL STUDENT at NC State?** Any action which **drops you below full time status**, must first be approved by the Office of International Services (OIS).
Approved By: _____ Date: _____

STUDENT SIGNATURE _____ DATE: _____

SECTION 2: Schedule Revision Action and Required Signatures. See the [Academic Calendar](#) for deadlines.

2.A. Actions in this section require the signature of the student's academic advisor, Director of Undergraduate Programs, or Coordinator of Advising **AND** the student's College Academic Dean.

- Add course exceeding total credit hour limit
 Add course exceeding repeat maximum (May not be eligible for financial aid)

Advisor, Signature: _____ Date: _____

2.B. Actions in this section require the signature of the Instructor/Department offering the course **AND** the student's College Academic Dean. Poole College of Management courses require only signature from the college Academic Dean. **Graduate** students also need the signature of the Dean of the Graduate School.

- Add student to section after census date
 Move student after census date TO the course above, FROM (course) : _____
 Do not assign a "W" grade (See instructions on reverse.) Prefix Number Section

* Change course to Credit Only after the deadline (Not permitted for Graduate Students)
* Change course from Credit Only to Regular Grading after deadline (Not permitted for Graduate Students)
* **Students** must submit a fully signed [Supplemental Data Form](#) along with this request.

Instructor/Department, Signature: _____ Date: _____

2.C. Actions in this section require **ONLY** the signature of the student's College Academic Dean. **Graduate** students also need the signature of the Dean of the Graduate School.

- * Drop course after deadline (Will result in a W grade unless approved for no W grade below)
* Drop below full-time status
* Approved due to extenuating circumstances (Undergraduate Students ONLY; Drop will NOT count toward 16 hour max)
* Do not assign a "W" grade (NOT permitted for Undergraduate Students)
 Other _____
* **Students** must submit a fully signed [Supplemental Data Form](#) along with this request.

College Academic Dean, Signature: _____ Date: _____

Graduate School Dean, Signature: _____ Date: _____

SUPPLEMENTAL DATA FORM for SCHEDULE REVISION REQUESTS

SIDE 1: INSTRUCTIONS:

1. This form is to be used by students seeking to drop courses, or change courses to credit/audit **after the deadline has passed.**
2. Complete all applicable sections of the Schedule Revision Form **AND** all applicable sections on this Supplemental Data Form, **THEN** submit these forms and all other appropriate documents to the Academic Dean of your home college.

At NC State University, deadlines are imposed on student schedule modifications according to published academic calendars on the Registrar's website. After published deadlines have passed, schedule modifications, except a change in section, require the approval of the student's associate/assistant dean (and the associate dean of the Graduate School for graduate students). Note that changes of sections only require the approval of the department offering the course. Requests to drop specific courses (or change to CR or AU) after the deadline are considered only for unforeseen and unavoidable extenuating personal situations. In general, these unforeseen and unavoidable extenuating personal situations fall into one of three categories: **1. Medical, 2. Psychological, or 3. Dire Personal or Family Hardship.**

Reasons that are not valid for dropping (or changing to CR or AU) courses after the deadline include, but are not limited to, the following:

- I am doing poorly in the course.
- The instructor told me to drop the course.
- I am working too much.
- I do not like the way the course is being taught. I am having a personality conflict with the instructor.
- I have discovered the course is not needed for my degree, or for the degree I plan to pursue.
- I am transferring to another university.
- I want to protect my GPA (for jobs, scholarships, etc.).
- Any other reason that is not medical, psychological or dire personal or family hardship. Again, in all three categories the emphasis is on unforeseen and unavoidable extenuating personal situations.

Usually, if your reason is one of the above (or similar), then your request for a schedule modification will not be approved. However, if you believe that you do have a valid reason and would like to request a course drop (or change to CR or AU) after the deadline you should use the steps below. For all other requests, follow steps 3-6 below. **Note that all requests must have Sections 1-4 of the form on the back of this sheet filled out unless indicated otherwise. Note as well that all documentation must be turned in to the College Academic Dean of your college at least two weeks before the last day of classes of the semester.** To complete all necessary steps to have your request considered please follow the steps described below:

1. Write a memo to the *Academic Dean of your college major* describing the situation, all events and dates and the effects that this situation has had on your life in general and your academic performance in particular. Also indicate how this situation is being proactively dealt with currently and how you plan to deal with it in the future.
2. If your situation is:
 - a. *Psychological or Medical*: you should visit the University Counseling Center, 2nd floor Student Health Center to schedule an appointment for an evaluation of your situation. The counselors will conduct an evaluation and present documentation to you that should be included with your memo and forms to the Associate/Assistant Dean.
 - b. *Dire Personal or Family Hardship*: attach all appropriate documentation that supports the situation described in your memo.
3. Fill out SECTION 1 of the form on the back of this sheet.
4. Present the form to the instructor of your course. The instructor provides information in SECTION 2.
5. Undergraduate students should then have SECTION 3 completed by your departmental Academic Advisor or by your Director of Undergraduate Programs/Coordinator of Advising. **(Note that some colleges have specific requirements concerning whether the academic advisor or the undergraduate director/coordinator of advising must complete SECTION 3 – thus undergraduate students are encouraged to contact their home college before SECTION 3 is completed.)** Graduate students should have SECTION 3 completed by your Academic Advisor.
6. Graduate students should present the form to the Director of Graduate Programs who will fill out SECTION 4.
7. **Bring your memo, forms, and documentation to your College Academic Dean's Office. The dean will communicate with you regarding their decision and the necessary actions required.**

SECTION 1: To be completed by the Student

Semester: _____ Year: _____

Student Name: _____ Student ID: _____

Course: _____ Section: _____ Instructor Name: _____

Requested Action (drop, add, change to credit only [for undergraduates only], etc.): _____

Authorization: By signing below I give the Instructor of the above course permission to release information regarding my academic performance and academic integrity as it relates to my participation in this course to relevant NC State administrators.

Student Signature: _____ Date: _____

SECTION 2: To be completed by the Course Instructor

The above named student is seeking a schedule modification. If the student has signed the Authorization in SECTION 1 above please complete section 2(a)):

2(a) As of _____ (insert date)

Attendance in Course: Good _____ Satisfactory _____ Poor _____

Overall Grade in the Course Passing: _____ Not Passing: _____

Letter (or number) grade if available: _____

2(b) If you wish to provide a recommendation or include additional comments, please do so below or attach your comments to the back of the form.

2(c) I have additional information regarding this request and wish to have the College Assoc./Asst. Dean contact me before a decision is made: _____ Contact information: _____

2(d) Are you currently bringing an *Academic Integrity Violation* against this student? Yes _____ No _____

Printed Name: _____ Signature: _____ Date: _____

SECTION 3: UNDERGRADUATE STUDENTS should have Section 3 completed by your Academic Advisor or Director of Undergraduate Programs/Coordinator of Advising. GRADUATE STUDENTS should have Section 3 completed by your Academic Advisor.

I have additional information regarding this request and wish to have the College Assoc./Asst. Dean contact me before a decision is made: Yes _____ No _____ (If yes, provide contact information: _____)

Additional comments: _____ Are comments attached? Yes _____ No _____

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: GRADUATE STUDENTS should have Section 4 completed by the Student's Director of Graduate Programs. Section 4 is NOT required for UNDERGRADUATE STUDENTS.

Do you support this request: Yes _____ No _____ No recommendation _____

I have additional information regarding this request and wish to have the Assoc./Asst. Dean contact me before a decision is made: Yes _____ No _____ (If yes, provide contact information: _____)

Are there additional advisor's comments attached to this form? Yes _____ No _____

Printed Name: _____ Signature: _____ Date: _____