**SCHEDULE OF CLASSES CHANGE FORM**
For adding, deleting, or changing classes

**Department: ___________________________ Term: ____________ (Example: 201631)**

**Signature of Department Chair: ___________________________ Date: ____________**

### ADDITION of Course or Section

Subject & Course Number: ___________________________ Section: _______ Units: _______

Course Title: _________________________________________________________________

Days: M T W R F S SU (circle) Start Time: _______ End Time: _______ Instructor: __________________

Bldg/Room: ____________________ Max Enrollment: ______ Campus: STK SF SAC (circle)

Is this course cross-listed? ☐ Yes ☐ No (check one) Max Enrollment for cross-listed courses: ______

If yes, the course is cross-listed with: (CRN) _______ Subject & Course Number: __________

Applicable Fee Code: _______ Applicable Fee Amount: _______

Is this a Special Topics course? ☐ Yes ☐ No (check one) If yes, please complete the backside of this form

### DELETION of Course or Section

(Prior to submitting your request, please notify all registered students the course will be deleted)

Course Reference Number (CRN): _______ Subject & Course Number: ___________________________ Section: ______

Course Title: _________________________________________________________________

Is the course cross-listed? ☐ Yes ☐ No (check one) If yes, is the other course to be deleted also? ☐ Yes ☐ No

If yes, the course is cross-listed with (CRN): ____________ Subject & Course Number: _______ Section: ______

### REVISION or CORRECTION of Course or Section

Course Reference Number (CRN): _______ Subject & Course Number: ___________________________ Section: ______

Course Title: _________________________________________________________________

Change of Units: From: ___________________________ To: ___________________________

Change of Days: From: M T W R F S SU (circle) To: M T W R F S SU (circle)

Change of Hours: From: ___________________________ To: ___________________________

Change of Instructor: From: ___________________________ To: ___________________________

Change of Room: From: ___________________________ To: ___________________________

Is this course cross-listed? ☐ Yes ☐ No (check one)

If yes, the course is cross-listed to (CRN): _______ Subject & Course Number: _______ Section: ______

**Approval of Dean of School: ___________________________ Date: ____________**

**Note:** Please provide the contact information of the department scheduler of the administrative assistant should the Registrar’s office have questions:

Name: ___________________________ EXT: _______

**OFFICE OF THE REGISTRAR USE ONLY**
EMS _______ CRN _______
Banner _______ Scanned _______

Distribution by Dean’s Office to: 1) registrar.docs@pacific.edu
2) Department Chairperson

12/16/2015
### Course Information

<table>
<thead>
<tr>
<th>Department:</th>
<th>Semester/Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Reference Number (CRN):</td>
<td>Subject &amp; Course Number:</td>
</tr>
<tr>
<td>Pre-requisites (courses, test scores, etc.):</td>
<td>Units:</td>
</tr>
</tbody>
</table>

Should this course receive GE credit? If yes, indicate which category:  
(All Special Topics courses must be reviewed by the Associate Dean/ Director of General Education to determine possible GE credit)

Is this course cross-listed? (check one) ☐ Yes  ☐ No

If yes, the course is cross-listed to:  (CRN): | Subject & Course Number: | Section: |

### Requirements Met by Special Topics Course

☐ **Major Requirement**  • A particular course requirement?  Y / N  
Circle One

If so, which requirement? Subject: | Course Number: |

• Will this course satisfy a major elective?  Y / N  
Circle One

If so, which one?  

☐ **Minor Requirement**  • A particular course requirement?  Y / N  
Circle One

If so, which requirement? Subject: | Course Number: |

• Will this course satisfy a minor elective?  Y / N  
Circle One

If so, which one?  

☐ **General Elective Credit**  
Students will receive units for the course, but no specific requirement will be met.

 Approval of Director of General Education: Date:  
*Note: In lieu of a signature, an email from the Director of General Education may be attached.

 Approval of Department Chair or Designee: Date:  

---

**OFFICE OF THE REGISTRAR USE ONLY**

EMS  Banner  Correction List  CAPP  

Created 9/17/2009  Updated 12/16/2015