



Office of the Registrar
 University of the Pacific
 3601 Pacific Ave.
 Stockton, CA 95211

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

Department: _____ Semester/Year of Change: _____

► Signature of Department Chair: _____ Date: _____

ADDITION of Classes or Sections

Course Reference Number (CRN): _____ Subject & Course Number: _____ Section: _____

Course Title: _____ Units: _____

Days: _____ Times: _____ Instructor: _____ Bldg/Room: _____

Max Enrollment: _____ Fee Code: _____ Fee Amount: _____

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

If yes, the course is cross-listed to: (CRN): _____ Subject Code: _____ Course Number: _____

Is this a Special Topics course? Yes No (circle one)

If yes, what requirement will this course satisfy? (i.e. GE I-A major elective) _____

DELETION of Classes or Sections

Course Reference Number (CRN): _____ Subject & Course Number: _____ Section: _____

Course Title: _____ Units: _____

Days: _____ Times: _____ Instructor: _____ Bldg/Room: _____

Max Enrollment: _____ Fee Code: _____ Fee Amount: _____

Is this course cross-listed? Yes No (circle one) If yes, is the other selection deleted? Yes No (circle one)

If yes, the course is cross-listed to: (CRN): _____ Subject Code: _____ Course Number: _____

REVISION or CORRECTION of Classes or Sections

Course Reference Number (CRN): _____ Subject & Course Number: _____ Section: _____

Course Title: _____ Units: _____

Change of Units: From: _____ To: _____

Change of Days: From: _____ To: _____

Change of Hours: From: _____ To: _____

Change of Instructor: From: _____ To: _____

Change of Room: From: _____ To: _____

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

If yes, the course is cross-listed to: (CRN): _____ Subject Code: _____ Course Number: _____

► Approval of Dean of School: _____ Date: _____

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Banner	_____
Correction List	_____