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

Special Topics Additional Information Request

Department: ___________________________  Semester/Year: ___________________________

Course Reference Number (CRN): ______  Subject & Course Number: ____________________  Section: ______

Course Title: ___________________________  Units: ______

Pre-requisites (courses, test scores, etc.): ____________________________________________

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: ____________

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Ad Astra ___________  Banner ___________  Correction List ___________  CAPP ___________

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