



Office of the Registrar
 University of the Pacific
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 Stockton, CA 95211
 registrar@pacific.edu

**DEGREE REQUIREMENT ADJUSTMENT
 AND/OR TRANSFER CREDIT FORM**
 (See back for details and instructions)

Student Name (print): _____ University ID Number: _____

Degree and Major(s): _____ Email _____@u.pacific.edu

Complete the appropriate section(s)

UNARTICULATED TRANSFER CREDIT Authorize the use of transfer units toward a Pacific degree program.

Transfer Institution	Course subject and number	Sem. Units	Course Title	Year and term taken	Pacific articulated course (e.g. BIOL 011, MATH TLD, GE Area, Advanced MATH course)	Sem. units / content granted

WAIVE a student from a course requirement (no units given).
 Note: The student may have to take other units to meet the minimum required units to graduate.
 (Please enter basis for exemption below.)

Course subject and number	Sem. Units	Major / Minor from which course requirement should be waived (or area/group)

SUBSTITUTE a required course with another Pacific course.
 (Please enter basis for exemption below.)

Regular course subject and number	Sem. Units	Substitute course subject and number	Major / Minor where course is to be used

COMMENTS / RATIONALE (Basis for exemption or substitution)

STUDENT AUTHORIZATION (if required):

► Signature _____ Date: _____

FACULTY AUTHORIZATION

► Signature _____ Staff member (print) _____ Dept: _____ Date _____ Approved Denied

DEPARTMENTAL / CHAIR AUTHORIZATION

► Signature _____ Staff member (print) _____ Dept: _____ Date _____ Approved Denied

GENERAL EDUCATION (if applicable):

► Signature _____ Staff member (print) _____ Dept: _____ Date _____ Approved Denied

DEAN OR DESIGNEE

► Signature _____ Staff member (print) _____ Dept: _____ Date _____ Approved Denied