UNIVERSITY OF CALIFORNIA, SAN FRANCISCO • SCHOOL OF PHARMACY

Doctor of Pharmacy Degree Program

Addendum Application for Fall 2017 Entering Class

Course Schedule Change

REQUIRED IF APPLICABLE

APPLICANT ID				
LAST NAME	FIRST NAME	EMAIL ADDRESS	PHARMCAS ID	DATE

Complete this form if the schedule of classes for the 2016-17 academic year that you provided in your PharmCAS application changes.

1. Briefly explain why your course schedule has changed:

2. Did you complete an Academic Update on PharmCAS between December 15 and February 15? ◯ **Yes** ◯ **No**

3. List all course changes below, whether or not it is UCSF-required prerequisite course work.

- For each course, list the term, year, college, department, course number, and course title. See the examples below.
- Please use the notes section for any comments.
- Provide this information for all terms in the 2016-17 academic year, even if you are submitting this form after a term has ended.
- If you are concurrently enrolled at more than one school during a term, list all schools and identify at which school each course will be dropped/taken. See the example. Use multiple forms if necessary.

4. Submit the form.

- Keep a copy of the completed form for your records.
- E-mail the completed form to joel.gonzales@ucsf.edu or fax it to 415-476-6805.

Term & Year	College	Dept & Course #	Course Title	Quarter Units	Add	Drop	Notes
Spring 2017	*UCLA*	*COM 102*	*Communications*	*3*		*X*	*Not required by UCSF*
Summer 2017	*Santa Monica JC*	*SPCH 101*	*Public Speaking*	*4.5*	*X*		*Required by UCSF*
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Failure to notify our office of schedule changes can result in the cancellation of your application.

FOR ADMINISTRATIVE USE ONLY:

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