

APPLICANT ID				REQUIRED IF APPLICABLE	
LAST NAME	FIRST NAME	EMAIL ADDRESS	PHARMCAS ID	DATE	

Complete this form if the schedule of classes for the 2017-18 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 2017-18 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.

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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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