

REGISTRATION WORKSHEET

Please Print

Student ID Number: _____ Major: _____ Term/Year: _____

Name: _____
Last First Middle Former Last Name

Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone: (____) _____ School/College: _____ Email Address: _____

Birthdate: _____ Gender: Male Female US Citizen Non- US Citizen _____
Country

Previously attended Pacific?: _____ / _____ Previous Degree: _____ / _____ Where: _____
Y/N Year Y/N Year

Ethnicity: African Amer. Native Amer. Asian/Pac. Isl. Hispanic White/ Non Hisp Multi Other

COURSE SELECTIONS: (Permission Courses (p) must have approval)*

#	Dept. Apprl. (p) *	Course Ref. # (CRN)	Dept.	Course #	Sect. #	Course Title	Units/ Audit	Days	Time	Gen. Ed.
	Initial (A.B.)	12345	Engl	015	02	Sample English Course	0	MWF	9-10am	IIC
1										
2										
3										
4										
5										
6										
7										
8										
9										

I understand that this registration is conditionally accepted by the University of the Pacific and that I am responsible for payment of applicable tuition and fees.

TOTAL UNITS

NOTE: Alternative course selections may be entered on the reverse side of this form. Please enter the alternate course for # 1 above in the alternate course #1 block, etc.

Student Signature: _____ Date: _____

Adviser Name (print): _____ Signature: _____ Date: _____
(Required)

ALTERNATIVE COURSE SELECTIONS (Place in preferred order):

ALTERNATE for #1

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 2

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 3

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 4

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 5 or # ____

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 6 or # ____

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										

ALTERNATE for # 7 or # ____

#	Dept. Appl.	Course Ref. #	Dept.	Course #	Sect. #	Course Title	Units/Audit	Days	Time	Gen. Ed
1										
2										