Student is responsible for all fees and tuition incurred for adding this 485. Fee statements may have already been sent out by the time this class is added. No New Fee Statements will be sent. Any fees and/or tuition that are not paid by the first day of class will result in all registered courses being dropped. Note: Must be at least a U3 and have all your CBK’s completed to qualify for this class.

Biomedical Science
485 Problems Course Coordination Sheet

You will be registered for this class by the BIMS Office by the end of December. Please complete the Lab Safety Agreement on Howdy before the end of the semester so we can put you in the 485 class. You may not register yourself!

Student Name: ____________________________________________

Major: ____________________ Classification: ____________________

UIN: ____________________ Local Phone: ____________________

Local Address: ____________________________________________

E-Mail: __________________

Semester: Fall _____ Spring _____ Summer I _____ Summer II _____ 10 Week _____ Year: ____________________

Please provide a brief description of the Problems course that you will be working on during the semester:
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Professor Offering Course: __________________

Course Information: Department _______ 485. Section Number: _______ Hrs: _______ Grade _______ S/U _______ (Example: VIBS 485-513 for 3 semester hrs.)

CANNOT BE CHANGED AFTER 4th CLASS DAY

Approved/Faculty Member: ____________________
Signature ____________________ Date ____________________

Approved/Department Head: ____________________
(CVM 485 ONLY) Signature ____________________ Date ____________________

For Office Use Only:
Degree Audit Approval: ____________________________________________

Signature (Biomedical Science) ____________________
Verified on Compass-form SZAREGS _______ Date: ___________ Initials: _______ CRN: _______