

Student is responsible for all fees and tuition incurred for adding this 491. 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 U3 and have all CBK's completed to qualify for this class.

**Biomedical Science
491 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 491 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: _____

Are you seeking Writing Intensive (W) credit for this 491? _____

Course Information: Department _____ 491. Section Number: _____ Hrs: _____ Grade _____ S/U _____
(Example: BIMS 491-513 for 3 semester hrs.) (One must be checked before student will be registered)

CANNOT BE CHANGED AFTER 4th CLASS DAY

Approved/Faculty Member: _____
Signature _____ Date _____

Approved/Department Head: _____
(CVM 491 ONLY) Signature _____ Date _____

For Office Use Only:

Degree Audit Approval: _____

Signature (Biomedical Science)
Verified on Compass-form SZAREGS _____ Date: _____ Initials: _____ CRN: _____