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.

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**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!

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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:

____________________________________________________________________

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Professor Offering Course: __________________________

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

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Course Information: Department 491. Section Number: ___ Hrs: ___ Grade ___ S/U ___

(Example: BIMS 491-513 for 3 semester hrs.)

**CANNOT BE CHANGED AFTER 4th CLASS DAY**

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Approved/Faculty Member: __________________________

Signature __________________________ Date __________________________

Approved/Department Head: __________________________

(CVM 491 ONLY) Signature __________________________ Date __________________________

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For Office Use Only:

Degree Audit Approval: __________________________

________________________ (Biomedical Science) Signature (Biomedical Science)

Verified on Compass-form SZAREGS ______ Date: ____________ Initials: ________ CRN: ________