Student is responsible for all fees and tuition incurred for adding this 285. 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.

Biomedical Science
285 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 285 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: 285. Section Number: _______ Hrs: _______ Grade: _______ S/U: _______.
(Example: VIBS 285-513 for 3 semester hrs.)

CANNOT BE CHANGED AFTER 4th CLASS DAY

Approved/Faculty Member: ____________________________
Signature: ____________________________ Date: ____________________________

Approved/Department Head: ____________________________
(CVM 285 ONLY) Signature: ____________________________ Date: ____________________________

For Office Use Only:
Degree Audit Approval: ____________________________
Signed: ____________________________ CRN: ____________________________

Verified on Compass-form SZAREGS ______ Date: __________ Initials: ______ CRN: __________