Student is responsible for all fees and tuition incurred for adding this 291. 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

291 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 291 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 _______ 291. Section Number: _______ Hrs: _______ Grade _______ S/U __________

(Example: BIMS 291-513 for 3 semester hrs.)

CANNOT BE CHANGED AFTER 4th CLASS DAY

Approved/Faculty Member: __________________________

Signature __________________________ Date: __________________________

Approved/Department Head: __________________________

(CVM 291 ONLY) Signature __________________________ Date: __________________________

For Office Use Only:

Degree Audit Approval: __________________________

Signature (Biomedical Science) __________________________ Initials: _______ CRN: _______