**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.

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**Biomedical Science**

291 Problems Course Coordination Sheet – NON CVM RESEARCH

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!*

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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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**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 ____________________________

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For Office Use Only:

**Degree Audit Approval:**

Signature (Biomedical Science) ____________________________

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