Student is responsible for all fees and tuition incurred for adding this 485. 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 a U3 and have all your CBK’s completed to qualify for this class.

Biomedical Science
485 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 485 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 485. Section Number: _______ Hrs: _______ Grade _______ S/U

(Example: VIBS 485-513 for 3 semester hrs.)

CANNOT BE CHANGED AFTER 4th CLASS DAY

Approved/Faculty Member: ________________________________

Signature __________ Date __________

Approved/Department Head: ________________________________

(CVM 485 ONLY) Signature __________ Date __________

For Office Use Only:
Degree Audit Approval: ________________________________

Signature(Biomedical Science) __________ Date: __________ Initials: __________ CRN: __________

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