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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Professor Offering Course: ______________________________

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

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**

Approved/Faculty Member: ____________________________

Signature Date __________________________

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For Office Use Only:

Degree Audit Approval: __________________________________________

Signature(Biomedical Science) ____________________________

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