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.

Biomedical Science
491 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 491 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: ____________________________

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

Approved/Department Head: ____________________________
(CVM 491 ONLY) Signature Date

For Office Use Only:
Degree Audit Approval: ________________________________
Signature (Biomedical Science) Date:__________ Initials:_______ CRN: ________