

**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**

**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.) (One must be checked before student will be registered)

**CANNOT BE CHANGED AFTER 4<sup>th</sup> 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)  
Verified on Compass-form SZAREGS \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ CRN: \_\_\_\_\_