Biomedical Sciences

Appeal to consider NON-CLVM RESEARCH as a directed elective in your Bachelor of Science degree

NOTICE: This is not a registration request. Student must register with the Department offering the course.

Student Name:		
Major:	Classification:	
UIN:	Local Phone:	
Semester: FallSpring Year:	Summer I10 Week	
Please provide a description of the research	ch project you will be working on during the semester:	
Course Information:	Credit Hrs: Grade or S/U	
(Examples: ANSC, BIOL, CHEM, KI	NE, PSYC, WFSC – 285/ 485, 291/491, etc.)	
Instructor's Name (printed):		-
Instructor's Signature :	Date:	
	t 9 hrs maximum of research/field experience courseworks include any combination of 285, 485, 291, 491 course 400 level).	
*Student MUST register with the Depthis course to your class schedule.	partment offering the course. The BIMS Office will not	t add
*Student is responsible for all fees an	d tuition incurred for adding the course.	
Student Acknowledgement: Signature	e Date	
	Date: Initials:	