

Undergraduate BMEN Variable Course Approval Form

291	399		485	491
This form must be completed and turned in to the BMEN Advising Office prior to first day of classes for the semester in which you wish to receive credit.				
Student Name:				UIN:
Email Address:				
Major:	Semester/	/ear Requested: _		Credit Hours Requested:
Honors Credit:	Yes No	Will you	be within 50 m	iles of College Station?
Supervising Fac	ulty Member:			
By signing below, I understand I am responsible for paying any tuition and fees associated with the addition of this credit. Student Signature (1): Date:				
To be completed by Faculty				
Brief Description of Proposed Project (attach proposal if necessary):				
Supervising Faculty	/ Member's Signature	(2)	Co-Supervising Fac	culty Member's Signature
After form is completed and signed by faculty project supervisor, please bring to a BMEN Academic Advisor for review. If approved, they will register you for this course.				
To be completed by Advisor				
Approved:			Date	Registered:
Section Numbe	r: CI	RN:	Student no	tified:

- (1) Student signature indicates agreement to complete all safety training requirements
- (2) When project is interdisciplinary