BIOLOGY COURSE WAIT LIST—MUST BE RETURNED TO 107 BUTLER TO BE PLACED ON THE LIST

Name: _______________________________ UIN Number: ____________________________

Phone Number: _____________________ E-Mail Address: ____________________________

Major: _____________________________ Expected Graduation Date: ___________

Classification (indicate if you are a graduate student): ____________________________

Required for Degree: (circle one) YES NO

I give the Biology Department permission to make the following changes to my ___________ (term) schedule. I understand that I am responsible for verifying changes to my schedule and notifying the Biology Undergraduate Programs Office should I decide to be taken off of the wait list. I also understand that I am responsible for paying my fees by the due date for any added courses, although the Student Billing Office may not send a fee statement. ________ (Read & Initial)

The course you are trying to add will not be added if you have a time conflict unless you give us permission to drop that specific course. We will not rearrange your schedule for you. Completing this form does not guarantee you will have a seat in the class. It only informs our office that you are seeking a seat. Classes can be added through the 5th class day of any fall or spring semester and through the 4th class day of a 5-week or 10-week summer term. ________ (Read & Initial)

If your requested course has a lab component you will need to submit a Lab Safety Agreement on Howdy. Failure to do so may result in forfeit of your place on the list. Please be sure to submit your Lab Safety agreement immediately to avoid this ________ (Read & Initial)

CLASS AND SECTION NUMBER REQUESTED. NOT CRN # CLASS TO BE DROPPED (IF NECESSARY)

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

____________________ ____________

I have read the above and understand my responsibilities.

_________________________________________ ____________________________

Student Signature Date