INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM
iBioMed Advisement
PERMISSION FORM

STUDENT NAME: _____ STUDENT NUMBER: _____

EMAIL ADDRESS: _____

PLEASE CHECK THE APPLICABLE SESSION: ☐ Fall/Winter   ☐ Spring/Summer

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COURSE PREREQUISITE WAIVER

This approval is required if you do not have the academic prerequisites to register for a course or stay in a course. Course prerequisites are found in the Course Section of the Undergraduate Calendar.

Course: _____

Instructor Name: _____
(please print name)

Instructor Signature: _____

Date: _____

REQUIRED PERMISSION

This approval is required if the course for which you wish to register requires permission of the department.

Course: _____   Term: _____

DEPT/PROG AUTHORIZATION (Please Print NAME)

Approval Signature: _____

Date: _____

TERM UNIT OVERLOAD

The maximum number of units that can be taken per term is 21.

Number of units required above 21   Term 1: _____   Term 2: _____

Program: _____   Level: _____

PROG AUTHORIZATION (Please Print NAME)

Approval Signature: _____

Date: _____