

Student Consent Form

As outlined in the UF Undergraduate Catalog, "With the approval of the student's college dean's office she or he may choose to graduate under the requirements of a later catalog, but the student must fulfill all graduation requirements from that alternative catalog year." The BME Department requires any student requesting to change catalog years to meet with their academic advisor prior to making a decision and sign the Student Consent Form to indicate that the student is fully aware of any consequences related to the requested change.

Name: _____

UFID: _____ Email: _____@ufl.edu

Current Catalog Year: _____ Requesting to Change to Catalog Year: _____

Course Prerequisites/Corequisites for Any New Courses Added to the BME Curriculum for the Requested Catalog Year:

Course: _____ Prereq/Coreq: _____

Course: _____ Prereq/Coreq: _____

Course: _____ Prereq/Coreq: _____

Course: _____ Prereq/Coreq: _____

My academic advisor has identified the following possible consequences for changing catalog years:

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My advisor has suggested the following plan of study for the remainder of my enrollment at UF as an undergraduate student.

<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>
<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>
<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>	<p>Term _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Total Credits</i> _____</p>

By signing this form of consent, I certify that I have been advised of all possible consequences for changing my catalog year as outlined on page one of this agreement. I understand that if I do not follow the prescribed program of study above then I could be at a disadvantage in the BME curriculum. I acknowledge that the BME Department does not advocate taking courses without meeting prerequisites and that I am entirely responsible for my decision to take any courses without prerequisites as a result of changing my catalog year.

Student Signature: _____ Date: _____