

Office of Enrollment Management

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Academic Plans Form

Please type or legibly pr	int the following inf	formation in black ink.	
Name			
(Last, First, Middle Initial)			
Email Addross		MUSC Drogram	
Email Address		MUSC Program	
I am currently enrolled or plan to take courseworl	k priory to ent	ry.	
For admissions counseling and to evaluate your qua		· · · · · · · · · · · · · · · · · · ·	
presently enrolled and all courses you plan to comp		_	
coursework that is planned or in progress must be	sent to MUSC	as soon as the courses are complete	ed.
	Credit		Semester &
Course Title	Hours	College/ University	Year
Course Title	Hours	College/ Offiversity	Teal
I have completed all coursework.			
Applicant Signature		Date	