

Please return forms to:
Office of Enrollment Management
45 Courtenay Drive
MSC 203
Charleston SC 29425-2030

Or return via email to: oesadmis@musc.edu

Verification of General Education Requirements

tudent Name:		
Last	First	Middle
tudent Email:		
ate of Birth: Clemson	ID: Coll	egeNet ID:
Yes, this student has successfully co education requirements for the bacca		
No, this student has not successfully education requirements for the bacca		
Signature of Registrar or Records of	official:	
Printed name of Registrar or Records of	official:	
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