MUSC
Medical University of South Carolina

Office of Enrollment Management

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Academic Plans Form

Please type or legibly print the following information in black ink.

Name _____ CollegeNet Username/ ID _____
(Last, First, Middle Initial)

Email Address _____ MUSC Program _____

☐ **I am currently enrolled or plan to take coursework priory to entry.**

For admissions counseling and to evaluate your qualifications for admission, please list all courses in which you are presently enrolled and all courses you plan to complete prior to enrolling at MUSC. All official transcripts for any coursework that is planned or in progress must be sent to MUSC as soon as the courses are completed.

Course Title	Credit Hours	College/ University	Semester & Year

☐ **I have completed all coursework.**

Applicant Signature _____ Date _____