MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA
Education and Student Life

Office of Enrollment Management
45 Courtenay Dr
MSC 203
Charleston SC 29425-2030

Form valid only from
_____
to
_____

Student Course Registration Sheet

College of_____ Term_____

Student Name _____ Program_____
First Middle Last

SSN or, PVID, or CollegeNet ID: _____ Advisor _____

Course Title (include mentor's name if appropriate)	Course Number (Inst./Dept./Cse/SFX)	Section	Credit	Approved by Instructor or Course Director	**Official Use** "X" if Cost Recovery

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Completed form must be submitted to Dean's Office no later than _____.

Official Use Only

Tuition will be charged 100% for full-time or 100% per credit hour for part-time unless one of the following is indicated:

☐ assistantship ☐ fellowship ☐ scholarship ☐ Academic Common Market

Authorized by: _____ Date_____

Registration office: Date received_____ Date processed _____ By_____