MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA
Education and Student Life

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

# Student Course Registration Sheet

Form valid only from _____ to _____

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 |
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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_____