

Southern Regional Electronic Campus Student Application

Office of Enrollment Services • 171 Ashley Avenue, Ste 203 • P.O. Box 250402 • Charleston, SC 29425 • (803) 792-3281

Filing Deadline: In general, applications for admission to courses offered in this program may be due two weeks prior to the start of the course. However, deadlines will vary. Applicants are held responsible for checking specific dates given in the course Web page. (See the SREC transitional Web page for the address of the course Web page.)

Filing Fee of \$55 must accompany this application. Payment information is on the reverse side.

Personal Information

Name _____ SSN _____
Last First Middle

Current mailing address: valid until _____ Permanent Address (if different): _____

(_____) _____ (_____) _____ (_____) _____ (_____) _____
Home Telephone Work Telephone Home Telephone Work Telephone

In which state do you claim legal residence? _____ County (if in S.C.) _____

Date of Birth _____ Gender (optional): Male Female
Month/Day/ Year (year is optional)

Person to be notified in case of emergency: (PLEASE PRINT)

Name _____ (_____) _____ (_____) _____
Home Telephone Work Telephone

Address _____
Street City State Zip Code

Enrollment Information

Highest degree held:

NAME OF INSTITUTION	CITY AND STATE	DEGREE AND DATE RECEIVED

You MUST be licensed or certified in any field of health profession to enroll in this course. Please complete the following information:

TYPE OF LICENSE/CERTIFICATE	LICENSE OR CERTIFICATE NUMBER	STATE	DATE ISSUED	EVER DISCIPLINED OR REVOKED?†	STATUS

† If YES, give a full explanation on an attached sheet.

Self-Description: For use only in federal reporting.

- Non-resident Alien
 Black Non-Hispanic
 American Indian or Alaskan Native
 Do not wish to disclose
 Asian or Pacific Islander
 Hispanic
 White Non-Hispanic

Registration Request for Term: _____ Year: _____

Course requested: **BHS 305** **Health Care Marketing** **3**
Number Title Credits

Instructor: **Richard Hernandez** **<hernandr@musc.edu>**

Student Signature _____ Date _____

Official Use Only

Application Fee Received: \$ _____ Paid Receipt Number _____
 Received By _____ Date: _____

Make checks for \$55 payable to MUSC. Include your name and Social Security Number on the check. If you wish to pay the \$55 application fee by credit card, please complete the following:

Fees

Type of credit card: MasterCard Visa

Credit card #: _____

Cardholder's name: _____ Expiration date: _____

Cardholder's signature (if different from applicant) _____

Cardholder's address (if different from applicant) _____

Send payment with this form to:

Office of Enrollment Services
Medical University of South Carolina
171 Ashley Avenue, Ste 203
P.O. Box 250402
Charleston, SC 29425

Acknowledgement

I understand that all application materials submitted to the Medical University of South Carolina become the property of this institution and are not returnable. I also understand that the Medical University of South Carolina cannot furnish me with duplicate copies.

I understand that information submitted herein will be relied upon by the Medical University of South Carolina officials to establish my status for admission and residency eligibility. I authorize the Medical University of South Carolina to verify information I have provided. I agree to notify the Office of Enrollment Services of any changes in the information provided.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge that the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, enrollment cancellation, or appropriate disciplinary action after enrollment.

I understand that final official transcripts must be provided to the Medical University of South Carolina from each institution I ever attended, including final grades for all courses currently in progress.

Signature

Date

The Medical University of South Carolina does not discriminate on the basis of race, creed, national origin, gender, age, or disability, in the recruitment and admission of students, employment of faculty and staff, and the operation of other educational activities and programs, as specified by federal laws and regulations.

Registration Information

Upon approval or denial of the admission application by the university, students will receive an official notice from the Office of Enrollment Services. If admitted, the student will receive with this notice a registration form to be completed and returned with either a check or credit card charge to cover the billed cost of tuition and fees. In general, the deadline to register and pay costs is one week prior to the start of the course. However, registration and payment deadlines will vary. Students are held responsible for checking specific dates given in the course Web page. (See the SREC transitional Web page for the address of the course Web page.)