



Medical University of South Carolina

Office of Enrollment Services Student Course Registration Sheet

College of Graduate Studies
Term _____

Student Name _____ Program _____

S.S. # _____ Degree - M.S. or Ph.D. _____ Advisor _____

Course Title	Department Abbreviation	Course Number	Section	Credit Hours	Official Use "X" if Cost Recovery
Research / lab rotation (include mentor's name _____)	_____	970			
Thesis (M.S.) (include mentor's name _____)	_____	980			
Dissertation (Ph.D.) (include mentor's name _____)	_____	990			
Total # of Hours Taken					

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Completed Form must be submitted to the Dean's Office no later than _____

Official Use Only

NO REDUCED TUITION for College of Graduate Studies Students

Enrollment Services: Date received _____ Date processed _____ By _____