



Medical University of South Carolina

Office of Enrollment Services
Student Course Registration Sheet

College of Graduate Studies

Term _____

Student Name _____ Program _____

Last four digits SSN _____ Degree-M.S., Ph.D., M.D./Ph.D. or D.M.D./Ph.D. (circle one)

Advisor _____

Course Title	Department Abbreviation	Course Number	Section	Credit Hours
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 _____

<p>Official Use Only</p> <p>NO REDUCED TUITION for College of Graduate Studies Students</p> <p>Enrollment Services: Date received _____ Date processed _____ By _____</p>
