Minor in Health Care Studies
D-Clearance Form

Student Information

First Name: ___________________________  Last Name: ___________________________

USCID#: ___________________________  Class Standing: ___________________________

USC Email: ___________________________  Local Phone #: ___________________________

MAJOR(s): ___________________________  Minors / Pre-Health?: ___________________________

Course Information

Course ID: ___________________________  5-digit Section #: ___________________________

Semester of Registration: ___________________________  Prerequisites? List here: ___________________________

Do you need a prerequisite waiver? __________
If YES, email mhcs@med.usc.edu requesting a prereq. waiver with a valid explanation why you need one.
Valid reasons include concurrent enrollment with the prereq course, transferred credits have not yet updated, etc.

Student Signature: ___________________________  Date: ___________________________

Department Approval [OFFICE USE ONLY]
Your signature indicates that you agree to grant D-clearance for the above listed courses for this student.

X: ___________________________  Title: ___________________________

Print Name: ___________________________  Date: ___________________________

Received Date: ___________________________  Clearance Entered Date: ___________________________  By: ___________________________

Questions? Email mhcs@usc.edu or call (323)-442-4300.