Minor in Health Care Studies
MEDS-490 D-Clearance Form

Student Information

First Name:_________________________ Last Name:_________________________

USCID#:_________________________ Class Standing:_________________________

USC Email:_________________________ Local Phone #:_________________________

MAJOR(s):_________________________ Degree Objective (ex. BA, BS…):__________

Program Information

Course ID: MEDS-490 Directed Research in Biomedical Science

Semester:_________________________ Have you taken MEDS-490 before?______ *

5-digit Course Section #:_________________________ # of Units:___________________ **

* CHLA track requires new students to start with the beginning course.
** HSC track may be taken for 2, 4, or 6 units. CHLA for 2 or 4 units.

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.