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): ____________________________  Date: ____________________________

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 students who can take 4 units will be given priority to register.
** HSC track may be taken for 2, 4, or 6 units. CHLA for 2 or 4 units.

Department Approval [OFFICE USE ONLY]

X: ____________________________  Title: ____________________________

Print Name: ____________________________  Date: ____________________________

Received Date: ____________________________  Clearance Entered Date: ____________________________

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