Date:						

USC Leonard Davis School – Buck Institute PhD Program in the Biology of Aging

FIRST YEAR STUDENT SCREENING REVIEW & ORAL ASSESSMENT

Student Name:	Email:							
Student ID #:	_ Phone:	Gra	Graduate GPA:					
Can the Ph.D. Committee confirm that a	ll 1 st year require	ments have been completed	d YES	NO				
Coursework grades and performance:								
Lab Rotations Mentor Evaluations:								
Was an Oral Evaluation Necessary? NO								
1 st Year Screening Overall Evaluation: I								
Ph.D. Committee Recommendations:								
Kelvin J. A. Davies, PhD, DSc: Director								
Student Signature		I verify that I have receiv	ed a completed	copy of this form				