

TRANSFER CREDIT PETITION FORM  
USC Leonard Davis School of Gerontology / Buck Institute on Aging  
Biology of Aging Ph.D. Program

I. Student completes this section. Please print or type.

Student ID # \_\_\_\_\_ Degree \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(attach additional page if needed)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Endorsements:

Approved (recommended, not recommended, neutral)

Not Approved

\_\_\_\_\_  
(Ph.D. Chair)

\_\_\_\_\_  
(Date)

b.) Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Endorsement (as necessary)

Approved (recommended, not recommended, neutral)

Not Approved

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

c.) Comments: \_\_\_\_\_

\_\_\_\_\_

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