

Date: _____

USC Leonard Davis School – PhD Program in Geroscience

FIRST YEAR STUDENT SCREENING REVIEW & ORAL ASSESSMENT

Student Name: _____ Email: _____

Student ID #: _____ Phone: _____ Graduate GPA: _____

Can the Ph.D. Committee confirm that all 1st year requirements have been completed YES _____ NO _____

Coursework grades and performance:

Lab Rotations Mentor Evaluations:

Was an Oral Evaluation Necessary? NO _____ YES _____ Did the student pass the oral evaluation? _____

Ph.D. Committee Recommendations:

st Year Screening Overall Evaluation: Pass _____ Pass with Reservations _____ Fail _____

Pinchas Cohen, MD: Dean

Student Signature _____ I verify that I have received a completed copy of this form