TRANSFER CREDIT PETITION FORM
USC Leonard Davis School of Gerontology / Geroscience Ph.D. Program

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

Student ID # _____ Degree _____

Last Name _____ First Name _____

Telephone _____ E-mail _____

Request: _____

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Reasons: _____

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(attach additional page if needed)

Student's Signature _____ Date _____

Endorsements:

☐ Approved (recommended, not recommended, neutral)

☐ Not Approved(Ph.D. Chair)(Date) _____

b.) Comments: _____

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_____

Additional Endorsement (as necessary)

☐ Approved (recommended, not recommended, neutral)

☐ Not Approved _____
(Signature) (Date)

_____
(Title)

c.) Comments: _____

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