

California State University, Los Angeles
Rongxiang Xu College of Health and Human Services
Applied Gerontology Institute

**Verification of Completion of Credit Undergraduate
Certificate Program in Applied Gerontology**

Name _____ Major _____

Address _____ Home phone _____

City _____ State _____ Zip _____ Cell/Work phone _____

CIN _____

REQUIRED COURSE

NUMBER & TITLE (12 units)	SEMESTER COMPLETED	GRADE	OFFICE USE ONLY
BIOL 3084N Biology of Human Aging 3			
PSY 3620 Psychological & Psychosocial Development: Stages in Maturity & Aging 3			
SOC 4500 Sociology of Aging 3			
SW 3650 Social Policy and Aging 3			

FIELD EXPERIENCE/INTEGRATIVE SEMINAR (3 units)

Course Abbreviation	Course Number	SEMESTER COMPLETED	GRADE	OFFICE USE ONLY

ELECTIVES (6 units)

Course Abbreviation	Course Number	SEMESTER COMPLETED	GRADE	OFFICE USE ONLY

Student Signature: _____ Date: _____

Comments: _____

OFFICE USE ONLY

Completed: _____ Date: _____

Incomplete: _____ Date: _____