PART 1

Must be completed by Student and returned to Room 143. **IF DEPARTURE FORM IS NOT COMPLETED, A HOLD WILL BE PLACED ON YOUR DEGREE.**

STUDENT NAME___________________________________________
(Please Print)

Payroll Separation/Graduation Date_________________________________________________

PLEASE FILL IN FORWARDING ADDRESS ON PAGE 2

Signatures of the appropriate persons must be obtained for each of the items below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chemistry Department keys are to be returned to The Graduate Office (Room 143).</td>
</tr>
<tr>
<td></td>
<td>____________________________________________</td>
</tr>
<tr>
<td></td>
<td>(Arielle L’Esperance)</td>
</tr>
<tr>
<td>2.</td>
<td>Have you contacted Human Resources regarding Health Benefits after separation? (732-932-3020)</td>
</tr>
<tr>
<td></td>
<td>Yes_____ No_____</td>
</tr>
<tr>
<td></td>
<td>____________________________________________</td>
</tr>
<tr>
<td></td>
<td>(Employee/Student Signature)</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY:

Enter initials and date:

<table>
<thead>
<tr>
<th>Bldg Access (Fowler)</th>
<th>NMR Access (Murali)</th>
<th>Active Directory (DLS Help Desk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>______</td>
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</tbody>
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-Over-
PART 2

Must be completed by student before departmental authorization for the awarding of any degree or change of status can be obtained.

DEGREE SOUGHT (Circle one) M.S. Ph.D

EXPECTED DATE OF DEGREE: Oct. _____ Jan. _____ May _____

THESIS TITLE: ________________________________________________________________

4. Forwarding Home Mailing Address: __________________________________________

                                           __________________________________________

Personal E-mail address: _______________________________________________________

Phone #: ________________________________________________________________

Name of Employer & Address: _________________________________________________

                                           __________________________________________

Title of position you are assuming: ____________________________________________

5. All research obligations have been cleared. ________________________________

                                                (Research Advisor)

6. Continuing in Department? (circle one) Yes No

If yes, contact Department Personnel Administrator (Marriory Merma, Rm 148)

If yes, Status/Type of Appointment? (circle one) Post Doc Hourly Courtesy (Unpaid)

__________________________________________________________________________

Student/Employee Signature                          Date

__________________________________________________________________________

__________________________________________________________________________

Arielle L'Esperance                          Date