DEPARTMENT OF CHEMISTRY & CHEMICAL BIOLOGY
DEPARTURE FORM

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>(Please Print)</td>
</tr>
<tr>
<td></td>
<td>(A Larkin)</td>
</tr>
<tr>
<td>2.</td>
<td>Have you contacted Human Resources regarding Health Benefits after separation?</td>
</tr>
<tr>
<td></td>
<td>(732-932-3020)</td>
</tr>
<tr>
<td></td>
<td>Yes_______ No_______</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</th>
<th>NMR Access</th>
<th>Active Directory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Fowler)</td>
<td>(Murali)</td>
<td>(DLS Help Desk)</td>
</tr>
</tbody>
</table>
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

______________________________
A. Larkin                    Date

8/12/2014