M.S. Students: Departure Form

PART 1 must be completed by the student and returned to the Graduate Program Coordinator in CCB-1108B. If the form is not completed, a hold will be placed on your degree.

Student’s name (printed):
______________________________________

Payroll separation/graduation date:
______________________________________

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

Departmental keys are to be returned to the administrative offices. If the Graduate Program Coordinator is unavailable, please return to the Administrative Assistant in charge of keys.

Signature of CCB employee who collected key(s) Date

Have you contacted Human Resources regarding health benefits after separation? (732-932-3020)

☐ Yes   ☐ No

Employee/student signature

FOR OFFICE USE ONLY

Initial and date below.


PART 2 must be completed by student before departmental authorization for the awarding of any degree or change of status can be obtained.

Date of Degree: ☐ October ☐ January ☐ May

Thesis Title: __________________________________________

__________________________________________________________

Last updated: January 2021
All research obligations have been cleared.______________________________________
Advisor’s Signature

Continuing in department?  ☐ Yes  ☐ No

If yes, what is your new status/type of appointment?
☐ Hourly
☐ Courtesy (Unpaid)

If you are continuing in the department, please contact the department’s Personnel Administrator in the CCB offices.

Forwarding mailing address: ______________________________________________________
_____________________________________________________________________________

Personal e-mail address: _________________________________________________________

Phone number: __________________________

Employer’s name/address: ______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Title of position you are assuming: ________________________________________________

By signing below, I certify all information is true and correct to the best of my knowledge.

___________________________________  ______________
Student/Employee Signature  Date

___________________________________  ______________
Graduate Program Coordinator Signature  Date