Ph.D. Students: Departure Form

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

Student’s name (printed):

______________________________________

Payroll separation/last day working in lab:

______________________________________

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

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCB employee who collected key(s)</td>
</tr>
<tr>
<td>________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you contacted Human Resources regarding health benefits after separation? (732-932-3020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>___________________________________________</td>
</tr>
</tbody>
</table>

*FOR OFFICE USE ONLY*

<table>
<thead>
<tr>
<th>Initial and date below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building access: _____ NMR access: _____ Resignation date: _____</td>
</tr>
<tr>
<td>DEZAIO</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.

Date of Degree: ☐ October ☐ January ☐ May

Thesis Title: __________________________________________

__________________________________________________________________________

Last updated: June 2022
All research obligations have been cleared.

____________________________________
Advisor’s Signature

Continuing in department?  □ Yes   □ No

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

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

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

*Last updated: June 2022*