DEPARTMENT OF CHEMISTRY & CHEMICAL BIOLOGY
DEPARTURE FORM

PART 1

Must be completed by the Student and returned to CCB-1108B. **IF THE 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 (CCB-1108B).</td>
</tr>
<tr>
<td></td>
<td>(Shaneika Nelson or Ann Doeffinger)</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:

Bldg Access _______ NMR Access _______ Active Directory _______
(Andy Dezaio) (Murali) (DLS Help Desk)
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 (Anu Kadam, CCB Building)

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

                  __________________________

                  __________________________
Student/Employee Signature Date

Shaneika Nelson Date

9/25/2019