

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:

1.	Chemistry Department keys are to be returned to The Graduate Office (Room 143). _____ (Arielle L'Esperance)
2.	Have you contacted Human Resources regarding Health Benefits after separation? (732-932-3020) Yes _____ No _____ _____ (Employee/Student Signature)

FOR OFFICE USE ONLY:

Enter initials and date:

Bldg Access _____
(Fowler)

NMR Access _____
(Murali)

Active Directory _____
(DLS Help Desk)

-Over-

