

# 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).  _____ (A Larkin)
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-

**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