

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 la	ıb:		
Signatures of the appropriate persons m	nust be obtained f	or each of the items be	elow:
Departmental keys are to be returned Coordinator is unavailable, please retu			_
CCB employee who collected key(s)		Dat	e
Have you contacted Human Resources (732-932-3020)	regarding health	benefits after separa	tion?
☐ Yes ☐ NoE	mployee/student	signature	
FOR OFFICE USE ONLY			
Initial and date below.			
Building access: NMR acc	ess: MURALI	Resignation date:	VANGALA
PART 2 must be completed by student b any degree or change of status can be o	-	al authorization for th	e awarding of
Date of Degree: ☐ October	☐ January	☐ May	
Thesis Title:			



All research obligations have been cleared.	
-	Advisor's Signature
Continuing in department? ☐ Yes	□ No
If yes, what is your new status/type of apportunity Hourly Courtesy (Unpaid) If you are continuing in the department, plea	ointment? ase contact the department's Personnel Administrator.
Personal e-mail address:	
Phone number:	
Employer's name/address:	
Title of position you are assuming:	
By signing below, I certify all information is	s true and correct to the best of my knowledge.
Student/Employee Signature	 Date
Graduate Program Coordinator Signature	 Date