

UNIVERSITY OF CINCINNATI DEPARTMENT OF CHEMISTRY CLEARANCE FORM

Graduate Students, Visiting Scholars, and Post-Doctoral Fellows

Name: _____ Date: _____

University ID #: M_____

This form is required to be completed before a graduate student, visiting scholar, or post doc completes his/her university residence. Degrees, transcripts, paychecks, and other university services will be withheld until the seven signatures below are properly obtained, and this form turned in to Sharon Stith, 400 Crosley.

1) LIBRARY: (503 Rieveschl)

*All outstanding library materials have been returned.

Chem/Bio Librarian date

2) Key Control Office (Edwards # 4)

*All keys have been returned.

Key control employee date

3) Business Office (Crosley 400)

*Stockroom card has been returned.

Financial admin 2 (Sharon Stith) date

4) Chemistry Stockroom

*All borrowed equipment has been returned.

Stockroom/lab manager (John Baker) date

5) Research Lab

*All borrowed equipment has been returned or given to coworkers for use.

*There are no residual hazardous chemicals left in the laboratory.

*Original research materials and documentation such as research notebooks, etc., have been turned over to the research advisor.

Research Advisor date

6) Chemistry Graduate Program Director

*Exit interview required for all graduate students.

*Call Dr. Neil Ayres (6-9280) to schedule.

*Only required for graduate students

_ Graduate program director (Dr. Ayres) date

7) Chemistry Department Office (Crosley 400)

*Updated address and contact information on reverse side of clearance form is complete.

* All departmental and university accounts have been closed, and all signatures above have been properly obtained as proof.

Financial admin2 (Sharon Stith) date

Contact Information

Name: _____
(Last) (First) (M.I.)

Current Information:

Address (At UC) : _____

(city) (state) (zip)

Phone: _____

Email: _____

Future Information:

(after leaving UC)

Address: _____

(city) (state) (zip)

(country)

Phone: _____

Email: _____

Employment Information:

(after leaving UC)

Address: _____

(city) (state) (zip)

(country)

Phone: _____

Email: _____