Graduate Student Check Out Form

Department of Chemistry ❖❖ Michigan State University

(Please note: Final Certification of your degree will not be processed until the Graduate Office receives this completed Check Out Form.)

1. **Name:** _____ **Advisor:** _____ **Date:** _____

   Original copies of laboratory notebooks and backup copies of computer files related to research, have been turned in. Supplies and equipment have been checked in. Working space and apparatus is in satisfactory condition, all products are properly labeled, hazardous wastes have been removed, and desk is clean and in satisfactory condition. Keys for desk/file cabinets/etc. have been returned to Professor.

   Signature _____ **(Advisor)**

2. Check Chemistry mailbox, and provide Main Office with a forwarding address.

   Signature _____ **(Main Office Staff, Room 485)**

3. Chemistry Computer Accounts attended to.

   Signature _____ **(IT Support, Room 383)**

4. All data stored on any instrument in the Max T. Rogers NMR Facility has been backed up and may be deleted **(if applicable)**.

   Signature _____**(Dan Holmes – NMR)**

5. X-ray Ring/Badge has been returned to Environmental Health & Safety **(if applicable)**.

   Signature _____**(EHS, C124 Res. Complex-Engr.)**

6. All chemical containers have been properly labeled and stored. All hazardous waste has been picked up by EHS.

   Signature _____**(EHS, Telephone: (517)355-0153)**

7. All keys have been turned in and/or accounted for, and MSU ID Card access has been removed.

   Signature _____ **(Bethanny Potter, Room 320)**

8. Chemistry Directory entry attended to.

   Signature _____ **(Anna Osborn (APC), Room 320)**

9. **Forwarding Address:** _____
   (Home address)
   _____
   Telephone:_____ **E-Mail:**_____

10. **Employment:** Please list the name of the institution or company where you will be employed after you receive your degree and the position you will hold (*e.g.*, postdoc, research scientist, etc.).

    Employed By: _____
    (Employer name and address)
    _____
    _____

    Position Title: _____ **Start Date** _____

Received _____**(Academic Program Coordinator Signature)** _____**(Date)**

c: Business Office, tech@chemistry.msu.edu, Main Office