

University of Louisiana at Monroe College of Pharmacy

CHECKOUT FORM FOR GRADUATE STUDENTS (This form must be completed for every graduate student before leaving campus)

Graduate Student Nam	e:	
Clearance has been ve	erified by initials of the	Director (or designee) of the:
		University Library (all fines are paid)
Initials	Date	
		Graduate School (Thesis accepted)
Initials	Date	
To be checked and ini	itialed by Student's Div	ision Head: (enter NA if not applicable)
		Final grades for all classes have been submitted in correct
Initials	Date	— form.
		Grade books, in such form that years from now grading will be understandable, are on file.
Initials	Date	
To be checked and ini	itialed by Office/Individ	dual indicated:
	·	All equipment, materials and supplies checked out to the
 Initials	Date	graduate student have been accounted for. (Major Advisor)
		Payroll information has been prepared. (COP Director of
Initials	Date	— Graduate Studies)
		Thesis/Dissertation Disposition Form has been submitted
Initials	Date	— (COP Director of Graduate Studies)
		All keys to University, College/School or departmental
Initials	Date	facilities have been returned. (Facility Manager)
		Forwarding address in file. (Complete contact information
Initials	Date	— below)
Address:		Cell Phone
		Email:
		Eman.

College of Pharmacy Director of Graduate Studies

Date