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 Name: _____

Clearance has been verified by initials of the Director (or designee) of the:

Initials	Date	
_____	_____	University Library (all fines are paid)
_____	_____	Graduate School (Thesis accepted)

To be checked and initialed by Student's Division Head: (enter NA if not applicable)

Initials	Date	
_____	_____	Final grades for all classes have been submitted in correct form.
_____	_____	Grade books, in such form that years from now grading will be understandable, are on file.

To be checked and initialed by Office/Individual indicated:

Initials	Date	
_____	_____	All equipment, materials and supplies checked out to the graduate student have been accounted for. (Major Advisor)
_____	_____	Payroll information has been prepared. (COP Director of Graduate Studies - Dr. Baer)
_____	_____	Thesis/Dissertation Disposition Form has been submitted (COP Director of Graduate Studies)
_____	_____	All keys to University, College/School or departmental facilities have been returned. (Facility Manager-Mike Moncrief)
_____	_____	Forwarding address in file. (Complete contact information below)

Address: _____

Cell Phone _____

Email: _____

_____ _____

Date College of Pharmacy Director of Graduate Studies