

## Exit Checklist – Chemistry PhD/Thesis MS

Name \_\_\_\_\_ UIN \_\_\_\_\_

### Pre-Final Defense Checklist (should be completed by student)

Yes or No \_\_\_\_\_ Do you have a balance on any emergency loans from the Department of Chemistry?  
If yes, you must arrangement for paying off your balance (**Jenny Cox**). **Your degree will not be awarded, if you still owe a balance.**

Initials \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Notify the Graduate Program Coordinator (**Sean Drummond**) of your plans to graduate, final defense date, and when you intend to leave the department.

\_\_\_\_\_ Verify that you are not enrolled for the term after you plan to graduate.

### Mandatory Meetings (Must be initialed by Career Services Staff and the Exit Interviewer).

\_\_\_\_\_ Go to the Career Counseling and Placement Services website,  
<http://careers.scs.illinois.edu/>. Click on "REPORT YOUR PLANS" link, which is below the first picture on the top left, to complete your profile and offer information. (**Verify that your information was received in 105 NL**).

\_\_\_\_\_ Exit Interview with the Assistant Director for Student Wellness and Advocacy. If unavailable, schedule with the Director of Graduate Studies. If both are unavailable, you may schedule with the Department Head. Current administrative personnel are listed here: [Department Administration](#) | [Department of Chemistry](#) | [Illinois](#). **Must be initialed by the interviewer.**  
*You must have this appointment **scheduled before your departure. Please schedule before finals.***

### Post-Final Defense Checklist (should be completed by student)

Initials \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Thesis Deposit Date: \_\_\_\_\_ MS \_\_\_\_\_ PhD \_\_\_\_\_  
\_\_\_\_\_ Update your address on Enterprise/Self-Service. **Also provide an address to send your Diploma.**  
\_\_\_\_\_ Check out with **your advisor** and submit your HR Exit Checklist to SCS HR (314 NL or [scs-hr@illinois.edu](mailto:scs-hr@illinois.edu))  
\_\_\_\_\_ Turn in your keys to the **mailroom. (29 RAL) and/or Beckman, MRL, etc.**

Future Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Start Date \_\_\_\_\_  
Telephone (Your Cell) \_\_\_\_\_  
Non UIUC Email Address \_\_\_\_\_

**Submit this completed form to the Graduate Program Coordinator (Sean Drummond, 109 NL)**

### Staff Use Only:

Y/N	Initials	Date	
_____	_____	_____	Zero emergency loan balance?
_____	_____	_____	Form Accepted by Graduate Program Coordinator?