

**Department of  
Chemistry Change of  
AREA Form**

Student Information (*please print*)

Name: \_\_\_\_\_

UIN: \_\_\_\_\_

Email: \_\_\_\_\_

**Current Area:**

\_\_\_\_\_  
*(Please print)*

\_\_\_\_\_  
*(Signature of **current** Budget &  
Operations Representative)*

**New Area:**

\_\_\_\_\_  
*(Please print)*

\_\_\_\_\_  
*(Signature of **new** Budget &  
Operations Representative)*

(if applicable) New Lab Room: \_\_\_\_\_ Box: \_\_\_\_\_ Phone: \_\_\_\_\_

Date form completed: \_\_\_\_\_

*Please return this form to Graduate Student Services, 109 Noyes Lab, 244-4844*