CLEARANCE NOTICE for Engineering and Institute of Materials Science (IMS) Students Completing a Graduate Degree

Submission of this form, properly completed, is required of any student about to complete a graduate degree in any Field of Study listed below. Certification of completion of degree requirements is withheld until this form is received.

Aerospace Engineering  Computer Science  Mechanical Engineering
Biomedical Engineering  Electrical Engineering  Metallurgy
Chemical Engineering  Environmental Engineering  Ocean Engineering
Civil Engineering  Materials Science  Polymer Science

Student: ________________________________________________
Identification Number: ________________________________________________
Major Advisor: ________________________________________________

Please check the item below which applies to this student:

☐ All keys belonging to the School of Engineering and/or IMS have been returned. All property belonging to the School of Engineering, IMS or to their faculty members has been returned (e.g. books, equipment, instructional and/or research materials – including all relevant data files and numerical codes, etc.). All laboratory space has been cleared and all hazardous materials have been disposed of safely. All file storage on School of Engineering or IMS computers has been cleared and all borrowed software returned. The desk has been cleaned out and the computer has been turned over to the advisor.

☐ This student is completing a master's degree and is continuing on directly to pursue doctoral study. He or she is not required to relinquish keys or other School of Engineering or IMS property at this time.

SIGNATURES:

____________________________________________________  ____________________
Student         Date
_____________________________________________________  ____________________
Major Advisor        Date
_____________________________________________________  ____________________
Department/Program Head      Date
_____________________________________________________  ____________________
Director, IMS (if applicable)      Date

• Original to department

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