

Pharmaceutical Sciences Post Defense Follow Up

To be completed by the student and signed by the appropriate faculty/staff.

Students must ensure that all keys to the building and laboratories, including the FOB, are returned.

Student Name: _____ Student Number: _____

Supervisor Name: _____

Co-Supervisor Name: _____

I am returning the following to the Leslie Dan Faculty of Pharmacy:

Keys - Main Building, Laboratories, Offices, etc.

FOB

Key(s)/FOB Received

(Signature of Facilities Management Office)

I have cleared all personal belongs from my work station, including lab area:

Checked With Supervisor

(Signature of Supervisor)

What are your immediate plans following graduation? _____

Please provide a permanent, personal e-mail address (e.g. alumni utoronto, gmail, etc.). We'd like stay in touch to see how you're doing, and to keep you updated on what's happening in the department.

TO BE COMPLETED BY THE GRADUATE OFFICE:

Contact Payroll Department

(Signature of Graduate Office Representative)