

Form C4-RESIGNATION FROM THE ADVISOR AND/OR RESEARCH AREA

Name _____ Student's number _____

Entrance date to the Chemistry Graduate Program

Advisor _____

Project initiation date _____

Number of research credits (total) _____

Resignation effective date _____

Reasons: _____

Student's Signature

Date

Approved by:

Advisor's Signature

Date

President of Graduate Affairs Committee

Date

Graduate Program Coordinator

Date