Graduate Assistant/Fellow Separation Clearance Form

Graduate Assistants and/or Graduate Fellows permanently leaving the employ of the University of Louisiana at Lafayette must complete and return this form to their home department prior to leaving. The Department Head of the GA/Fellow's home department should give the form to the GA/Fellow at least two weeks prior to the scheduled departure of the student. To complete the form, GAs/Fellows are to visit each area listed on the form to have the proper person in that area verify/sign that all necessary transactions with them have been completed. Transcripts may be held if this procedure is not followed.

Name:____ CLID:______________________

Department:____ Position/Title:________________________________

Forwarding Address:

Street/PO Box :____

City:__________________________________ State:______________________ Zip:______________________

Date of Separation: __________/_________/__________
(month) (day) (year)

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(For items A, B, and C, if you do not have an account or property with an area, then simply circle N/A.)

A. Student Cashier Center: All debts, fines, paid. All accounts settled. Yes N/A

Signature____ Date_________________

B. Parking Office: Returned parking permit and access card; parking fines paid. Yes N/A

Signature____ Date_________________

C. University Post Office: PO Box key turned in; forwarding address on file. Yes N/A

Signature____ Date_________________

(For items D, E, and F, signatures are mandatory.)

D. Dupre Library: Reference books and materials returned; fines paid. Yes

Signature____ Date_________________

E. Physical Facilities Department: All university keys returned. Yes

Signature____ Date_________________

F. GA/Fellow's Department Head: All departmental equipment returned; grades turned in; copies of grade books filed appropriately; details of 'I'grades given to department head; all other departmental matters settled. Yes

Signature____ Date_________________

I certify that I have no unpaid university bills and that I have returned all university property.

____ ____

Signature of GA/Fellow Date

[After signing immediately above, the form should be returned to the student's Department Head.]