## Department of Epidemiology and Biostatistics Completion Checklist

Complete ALL listed tasks upon confirmation of completion from SGPS. Sign and submit this form to the Academic Programs Coordinator.

First Name:		Last Name: Student Number:		
Completion Date:			Student Number:	
Thesis				
Thesis Binding (Optional): Order a copy of your thesis to be bound and sent to the Department. Graphic Services has information.				
Department Thesis Books: Return any borrowed Department Library thesis books to the Academic Programs Coordinator.				
Departmental Tasks				
Office Space, Student Lab, and Kitchen: Please take all of your belongings with you and leave your space clean.				
<b>Desk Keys:</b> If applicable, return desk keys to the Main Office (K201) to the Manager, Administration and Finance.				
Mailbox: Check the student mailboxes in the Main Office (K201) for any mail.				
University Tasks				
Western Account: Retrieve any files from your U: and H: from the K7 Lab.				
Office Keys: Return to Keys Office in the Support Services Building.				
Academic Record Informat	ion			
Supervisory Committee:				
List all members of your Supervisory Committee, including members who left the committee prior to completion. List start and end dates (mm/yyyy) for all members.				
Name		Role	Start Date	End Date
Employment / Further Educat	ion:			
Select which type of post-graduate area you are entering, if known. Provide the position and institution where applicable: If unknown, please notify us of any updates once known at <a href="mailto:epibio@uwo.ca">epibio@uwo.ca</a> .				
Doctoral Program	Medical School	Job in my field	Job outside my field	Other
Position and Institution:				
Future Contact:				
Please provide a forwarding address and a non-UWO email address by which you can be reached.				
Address:		C	ity:	Province:
Postal Code:	Country:	E	mail:	
I confirm that I have completed <u>all</u> above tasks as requested.				

Department Use Only Received: Processed Follow-Up:

Date

Student Signature