

DEPARTMENT OF PHYSICS AND ASTRONOMY
UNIVERSITY OF CALIFORNIA, IRVINE

PROGRAM EXIT FORM

*** Please complete and return to the Student Affairs Officer ***

Name: _____ Date: _____

Forwarding Address: _____

Place of Employment upon leaving the program: _____

Address: _____

Job title: _____

New E-mail Address: _____

New Phone Number: _____

IF GRADUATING WITH A DEGREE, COMPLETE THIS SECTION

_____ Ph.D. _____ M.S.

Thesis Advisor: _____

Thesis title: _____

IF LEAVING THE PROGRAM WITHOUT A DEGREE,
PLEASE COMPLETE THIS SECTION

Where are you going? _____

Reason you are leaving the program: _____

Other comments: _____

