



Checklist – Termination / Vacation from Studies

Please obtain the signatures of all the functions detailed below on this form. Return the form to the Graduate Studies Secretariat at the Faculty.

Student's name: _____ **Date of termination of studies:** _____ **Room:** _____

Computers

I hereby confirm that the above has returned the laptop computer in his possession

Date

Shirly Kruvi (Room 318)

I hereby confirm that the student is not in possession of any Faculty equipment (laptop lock, software)

Date

Shirly Kruvi (Room 318)

Building equipment

I hereby confirm that the above has returned all office keys, the magnetic card, and any other equipment belonging to the Faculty, and I further confirm that I have verified that the student has removed all their personal belongings from the room and left an orderly work station.

Date

Yaniv Abutbul (Room 203)

Teaching secretary

I hereby confirm that the above terminated his teaching duties for current semester.

Date

Oshrit Sender/Keren-or Cohen (Room 203/4)

Graduate Studies Secretariat

I hereby confirm that the student's scholarships have been terminated and notification has been forwarded to the Graduate School

Date

Anna Kleiner (Room 503)