PHCO GRADUATION DETAILS
(please type or print legibly)

STUDENT INFORMATION:
1. Student Name: ____________________________  2. PID: ____________
3. PI: ____________________________

DEFENSE INFORMATION:
4. Date Scheduled: ____________________________
5. Time: ____________________________
6. Location: ____________________________

GRADUATION INFORMATION:
7. Intended Graduation Date (Circle One): Fall  Spring  Summer  Year: _______
8. I am aware of the Graduation deadlines (https://gradschool.unc.edu/current/#gradprep)?  Yes  No

*Please note that per Graduate School policy you must graduate no later than one term after you defend, or your defense is invalid, and you will have to reenroll and schedule a new defense.

9. Do you have a first author publication?  Yes  No
10. Have you paid any remaining balances on your student account including, but not limited to, student fees, student health, copy fees, etc.?  Yes  No

POST DEFENSE INFORMATION: (To be completed by PI)
11. Student’s last day in the lab: ____________________________
12. Student’s payroll should end on: ____________________________

IMPORTANT INSURANCE NOTES:
• Insurance will end for Fall Graduates on December 31
• Insurance will end for Spring Graduates on May 31
• Insurance will end for Summer Graduates on July 31

By signing this document, we believe this information to be correct and acknowledge dates pertaining to the successful completion of the graduate program at UNC.

Student Signature ____________________________ Date ____________________________
PI Signature ____________________________ Date ____________________________