DIVISION OF BIOLOGY AND BIOMEDICAL SCIENCES
DEFENSE SUBMISSION, PAYROLL AND STUDENT HEALTH REQUEST
PRIOR TO DEFENSE

This information is needed prior to submitting your defense to the Graduate School

Name: ____________________________ Program: __________________

(please print)

Defense

Defense Date: _________________ Graduation Date: _______________
          May - December - August

Payroll

Last day worked in the laboratory as a student ________________.

Students who are fully supported through their dissertation defense dates should continue to be fully supported in the same way until they have submitted their dissertations electronically; students who continue to work in the same lab may continue to be supported in the same way until their graduation dates. A domestic student who begins a postdoctoral fellowship or other full-time employment, after submitting the dissertation electronically, must stop being supported as a student and must start being paid as an employee, even before the graduation date. An international student must continue being paid as a student while working in lab (i.e., by an assistantship or fellowship) until the graduation date, because of having student visa status.

Thesis Mentor Signature___________________ Date______________

Student Health

Full student health services will cease the last day of the month in which you finished work in the laboratory and the dissertation is submitted to the Graduate School. A 30 day grace period extending through the following month will provide 80% coverage for emergency room and hospitalization benefits. Medications are not covered during the 30 day grace period. Prescriptions will be written if necessary and the student will be responsible for these costs.

To make sure you have continued health care coverage, please check the appropriate box:

☐ 30 day grace period only
☐ I will contact Student Health to request more information concerning coverage after 30 day grace period

Student Signature________________________ Date______________

Return form to your Program Coordinator