## **Department of Physics**

TO: Associate Head, Department of Physics

**RE:** Resignation

l,	hereby resig				gn my appointment as	
	Print Name					
		withir	n the Dep	partment	of Physics effective with the	
	RA	/ ТА				
close o	fbusines	SS				
		Month	Day	Year		
	at least ninety-on days past the first day of registration for the fall or spring term or forty-one days past the first day of registration for the summer term will be assessed tuition and fees for the term <u>unless</u> they either:					
	a) Withdraw from the University or					
	b)	b) Turn in the PhD thesis to the Graduate College within seven days before or after the date of resignation.				
		or after the date	of resigna	ation.		

Date: \_\_\_\_\_

Month Day Year