

California Sea Grant College Program - Graduate Traineeship Separation Form

Separation of Sea Grant Trainee

Fax Form to CA Sea Grant: (858) 534-2231

Trainee Information

Name of Trainee (Last, First, MI):

Trainee ID#:

Department:

Address:

Project Leader:

City:

Project #:

State:

Zip:

Email:

Separation Information

Date of Separation:

Reason for Separation:

Signatures

I certify that I have read the "Sea Grant Research Trainee Guidelines". I certify that during the period of this appointment I will not accept any other educational benefit from the U.S. Government. I understand that I am required to submit a report at the end of the traineeship period and to complete and return all Education Report materials for a period of five years following the completion of my traineeship. I understand that I am required to keep the California Sea Grant Office informed of my current address, occupation, responsibilities and salary ranges. I understand that I shall receive a copy of this appointment form.

Trainee:

Date:

Project Leader:

Date:

Department Chair:

Date:

Dean of Graduate Studies:

Date:

California Sea Grant Office:

Date:

Additional Comments