

**Boston University** Henry M. Goldman School of Dental Medicine  
Office of Student Services  
100 East Newton Street, G-305  
Boston, Massachusetts 02118  
T (617) 638-4790 F (617) 638-4789  
dentalschool.bu.edu/student\_services



**To: Graduating DMD and AS Students**  
From: Amy Nelson, Student Services Coordinator  
Re: Locker Sign-Out

Congratulations, graduating students! As you approach Commencement, you will go through the sign-out process. After you have been signed out for all clinical and academic elements, you must complete locker inspection, which is done through the Office of Student Services.

**The locker sign-out process:** Set up a locker sign-out appointment with Student Services using the form below. Submit your request as early as possible: do not wait until the last minute. Consider your sign-out status on SPS, and request an appointment for a date *after* you will be signed out for the preceding steps. Locker sign-out is one of the final administrative steps.

- **You must clean out the locker in advance of the appointment**, so it is ready for the next student. If your locker is not empty at your appointment time, you will have to re-schedule.
- At your scheduled time, meet the Student Services Coordinator in G305, Student Services.
- You must present a photo identification card at your appointment (BUID, driver's license).
- The locker you indicate in your appointment request must match the assigned locker as logged in the School records. You must check out of the locker you were assigned.
- Once the locker inspection is complete, we will place a School lock or wire tie on the locker.

**To request an appointment, complete the form below.**

Appointments must be requested using this form. We will do our best to accommodate requests. You will receive an email confirming your appointment time or arranging an alternate time if scheduling conflicts exist.

<b>First Name:</b> _____	<b>Class:</b> <input type="checkbox"/> DMD <input type="checkbox"/> AS
<b>Last Name:</b> _____	<b>Graduation Month/Year:</b> _____
<b>BUID: U</b> _____	<b>Cell Phone:</b> _____
<b>BU email:</b> _____	<b>Home Phone:</b> _____
<b>Assigned locker number:</b> _____	<b>Location (building, floor):</b> _____
<b>Notes:</b> _____	

**Locker inspection appointment request**

**First choice date** (Month Day format): \_\_\_\_\_

**Times available first choice date:**

- 10:00   10:30   11:00   11:30   1:00   1:30   2:00   2:30

**Alternate date** (Month Day format): \_\_\_\_\_

**Times available alternate date:**

- 10:00   10:30   11:00   11:30   1:00   1:30   2:00   2:30

**Email your completed form as an attachment to [toledano@bu.edu](mailto:toledano@bu.edu) with subject line "Scheduling Locker Sign-Out"**

**For Office Use Only:**

Scheduled Date: \_\_\_\_\_  
Scheduled Time: \_\_\_\_\_  
Scheduled with staff member: \_\_\_\_\_

Outcome:     Locker Sign-Out Completed  
               Reschedule inspection  
Completed by staff member: \_\_\_\_\_