

REQUEST TO RESTRICT CIRCULATION OF THESIS

Last Name: _____ First Name: _____
Student ID: _____ Degree/Program: _____
Department/School: _____

Completion of this form is required to ensure that the thesis will be held for a *maximum* of one year.

- The Office of Graduate Studies consents only to restrictions being placed upon the availability or circulation of a thesis prior to its deposit in the Office of Graduate Studies. Completion of this form is required and must be fully approved and submitted to the Office of Graduate Studies before any restrictions will be applied to the circulation of the thesis. This must be done at least one week prior to the online submission of the actual thesis.
- MFA Creative Writing students may request longer.

Anticipated Date of Graduation: _____ Winter ____ Summer ____ Fall ____

Reason for Restriction:

Please ensure the embargo date in the electronic submission process is set. If not, the thesis will be available for viewing.

Date of Final Exam: _____ Date of Requested Release: _____

Student's Signature: _____ Date Signed: _____

Required Approval Signatures:

Advisor's Name: _____

Advisor's Signature: _____ Date Signed: _____

Co-Advisor's Name (*if applicable*): _____

Co - Advisor's Signature: _____ Date Signed: _____

Department Chair/ Director Name: _____

Department Chair/ Director's Signature _____ Date Signed: _____

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Date Thesis Released: _____ Signature: _____

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