

In accordance with SGPS [Policy](#), please complete this thesis withhold request form and submit to SGPS along with a copy of the final thesis package. The student may request to withhold their thesis from publication for a period of up to twelve months from the date of thesis package submission to SGPS. Requests for further extension of the thesis hold must be submitted **one month prior** to the expiration date. Subsequent requests must follow the same procedure.

Student Name: _____ Student Number: _____

Degree (e.g., Masters, PhD): _____ Program (e.g., Computer Science): _____

Title of Thesis: _____

Primary source of research funding (if known): _____

Withhold Start Date: _____ **Withhold End Date:** _____

- This is the **first withhold request** (maximum **twelve months**, automatically approved unless approval is withdrawn for compliance matters; justification not required).
- This is a **withhold extension request** (**justification below** and **approval** by all parties is **required** beyond initial twelve month withhold). Note: Multiple withhold extensions that will exceed two years from initial request, may undergo an internal review at that time.

Withhold rationale (select all that apply)

- A contractual obligation between the research sponsor and the University specifies a period of confidentiality or a delay required to allow the research sponsor an opportunity to review the proposed publication.
- To allow time for mobilization of research (e.g. publication of thesis work in a journal or as a book).
- Submitted intellectual property disclosure form to commercialize confidential intellectual property.
- Other (rationale required): _____

By signing below, we confirm intent to withhold the above-named thesis from publication. We acknowledge that this request does not infringe on any Ontario Tech policies, funding organization policies and/or third-party rights. We acknowledge that we must contact SGPS at least one month prior to the expiration date if we decide to request an extension:

Name of Student	_____ Signature	Date (dd/mmm/yyyy)
Name of Research Supervisor	_____ Signature	Date (dd/mmm/yyyy)
Name of Co-Supervisor (if applicable)	_____ Signature	Date (dd/mmm/yyyy)

The School of Graduate and Postdoctoral Studies approves delaying publication of the thesis as noted above:

Dean of SGPS/designate

Signature

Date (dd/mmm/yyyy)

The Office of Vice-President, Research, and Innovation, acknowledge and approve the withhold extension:

Vice-President, Research/designate

Signature

Date (dd/mmm/yyyy)