

Thesis Withhold Request Form

905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@ontariotechu.ca

In accordance with SGPS <u>Policy</u>, 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:	Stud	ent Number:	
Degree (e.g., Masters, PhD): Program (e.g., Computer Science):			
Title of Thesis:			
Primary source of research funding (if known	wn):		
Withhold Start Date:	Withhold End	Date:	
This is the first withhold request withdrawn for compliance matters		atically approved unless approval is	
	e: Multiple withhold extensions that	roval by all parties is required beyond will exceed two years from initial request,	
Withhold rationale (select all that apply	Χ)		
A contractual obligation between the a delay required to allow the resea		sity specifies a period of confidentiality or w the proposed publication.	
To allow time for mobilization of res	search (e.g. publication of thesis wo	ork in a journal or as a book).	
Submitted intellectual property disc	closure form to commercialize confi	dential intellectual property.	
Other (rationale required):			
By signing below, we confirm intent to with request does not infringe on any Ontario T acknowledge that we must contact SGPS extension:	ech policies, funding organization μ	policies and/or third-party rights. We	
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)	



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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)