

THESIS WITHHOLD REQUEST FORM

☐ This is an Extension Request for an existing withhold

Student Name:	UCID:
Graduate Program:	Degree:

This information is collected under the Freedom of Information and Protection of Privacy Act (FOIP) in order to respond to your request to withhold your thesis from the public domain. Please direct any questions to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.

Thesis Title:

Reason for Withhold/Extension Request (All required supporting documents must be attached to this form)

- ☐ A contract between the research sponsor and the University specifies a period of confidentiality (normally up to two years; proof of contract is required)
- ☐ Applying for a patent (normally up to two years; proof of application is required)
- ☐ Enabling publication in a scholarly venue (normally up to two years; a publication plan is required)
- ☐ Publishing of the creative portion of a creative work (normally up to five years with the possibility of extending to duration of copyright; supporting document such as proof of contract, letters from the publisher are required).
- ☐ Other (a memo is required)

Indicate any party that will receive a copy of the thesis before the termination of the withhold period. Please describe the contractual obligations or other reasons that necessitate this withhold:

Date of Defence:	Requested Withhold Term (e.g.: 6 months, 2 years, etc. from date received by FGS):
------------------	---

For Extension Only	Original Release Date:	Requested Extension Term:
---------------------------	------------------------	---------------------------

I verify that the request for withhold is justified. I understand this form is only an approval request; it is my responsibility to set the correct withhold embargo date when I make my electronic thesis submission. I understand that the **Thesis Title and Abstract will be published in The Vault, the UCalgary electronic thesis repository, as soon as the electronic submission is approved.** This thesis will not be released to the National Library or the University of Calgary Archives*. I agree not to release all or part of the thesis to any person, library, or other organization, except as indicated above, before the date of termination of the withhold. I understand that any breach of these terms may result in the immediate termination of the withhold.

Student Name (printed)	Student Signature	Date
Supervisor Name (printed)	Supervisor Signature	Date
Graduate Program Director (printed)	Graduate Program Director Signature**	Date
Dean of Graduate Studies	Signature	Date
<input type="checkbox"/> Withhold/Extension request approved <input type="checkbox"/> Withhold/Extension request denied		
Final approved withhold term:		<input type="checkbox"/> Student and Supervisor confirmation (if different from requested term)
Withhold expiry date in The Vault:		

* Exceptions apply to students who are requesting withhold for the reason of publishing creative work. In such cases, controlled access to a student's thesis will be available through the University of Calgary Archives.

**A completed copy of this form will be sent to the Graduate Program Administrator and University of Calgary Archives. The Graduate Program Administrator will give copies to the supervisor and the student and ensure that any copies of the thesis remaining within the department will be kept in a secure place and not released to anyone until the date of termination of the withhold.