

**Request for Embargo (Delayed Release) of Thesis or Dissertation**

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By filing this form, students may request an embargo to temporarily delay the public release of their thesis or dissertation for the reasons below. If the embargo request is approved, the delay period will expire 12 months or 24 months from the student’s official degree conferral date. Should an embargo extension be needed, the extension request must be received by the Graduate School at least one month before the expiration of the initial embargo period.

Public Access Policy: grad.buffalo.edu/succeed/current-students/policy-library.html#public-access

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| --- | --- | --- | --- | --- | --- | --- |
| Last Name |  |  |  | First Name |  |  |
| UB Person Number |  | Email |  |
| Thesis or Dissertation Title |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Major Advisor |  | Academic Dept. |  |  |  |  |
| Degree Conferral Date |  |  | Delay Period Requested: 12 Months |  | 24 Months |  |

Reason for Embargo (delayed release) of Thesis or Dissertation:

To allow time for evaluation of potentially patentable technology by the university.

Pursuant to a UB contractual obligation, to grant an external research sponsor time to conduct prepublication review in order to identify the sponsor’s proprietary information or potentially patentable inventions.

To allow time for consideration by outside press for potential academic or commercial publication.

Other:

**Student Oath:** With my signature below, I affirm my understanding that if my embargo request is approved, theabstract and citation of my work will be available to the public via UBIR and ProQuest approximately one month after my conferral date while the full-text will not be released until the embargo expiration date.

**Required Approvals**

Student

Name Signature Date

Major Advisor

Name Signature Date

Chair/Director of Grad. Studies

Name Signature Date

**Submit completed form to the Graduate School at grad@buffalo.edu or 409 Capen Hall.**

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| --- | --- | --- | --- | --- | --- |
| **For Graduate School Use Only** |  |  |  |  |  |
| Reviewer: |  | Approved |  |  | Denied |  |
| Comments: |  |  |  |  | Revised 7/23/18 |
| 409 Capen Hall, Buffalo, NY 14260-1608 |  |  |  |  |  |
| Tel: 716-645-2939 Fax: 716-645-6142 |  |  |  |  |  |