

**University of Illinois at Chicago
Thesis Withholding Request Form**

REQUEST TO WITHHOLD GRADUATE THESIS FROM PUBLIC RELEASE

Send to:

Office of Technology Management
University of Illinois at Chicago
College of Medicine West Building, MC 682
1853 West Polk Street, Suite 446
Chicago, IL 60612

The Graduate College is requested to temporarily delay public release of the following thesis:

Student Author: _____
Thesis Title: _____
Department: _____
M.S. or Ph.D. _____
Date of Degree Award: _____

Reason for Withholding Thesis:

_____ Pursuant to a UI contractual obligation, to grant a research sponsor time needed to conduct prepublication review in order to identify sponsor's proprietary information or potentially patentable inventions.

Contract/Grant No.: _____

Sponsor: _____

Principal Investigator: _____

_____ To provide time for evaluation of potentially patentable technology by the University and/or its technology transfer organization.

The subject matter of the thesis has been disclosed to the University in an Invention Disclosure: ___Yes___ No

If YES,

Invention Disclosure Title: _____

Inventor(s): _____

If NO,

When will Invention Disclosure be submitted? _____

_____ Other: Attach statement explaining special circumstances.

Pursuant to the Graduate College Policy statement, I understand the following provisions to apply to this request:

1. The delay period covered by this request expires 3 months from the date of this application.
2. The Graduate College will release this thesis for public distribution upon the expiration of the initial 3 month delay period unless the request is renewed with the concurrence of the thesis advisor, the student, and the unit head, such request for renewal to be received at the Graduate College at least one week before the expiration of the initial delay period.
3. Strong and convincing arguments by the thesis advisor, unit head, and student are required to justify Graduate College approval to renew the original delay period.
4. The thesis advisor will notify the Graduate College if circumstances permit the public release of the thesis before the expiration of the delay period

Requested by:

Thesis/Dissertation Advisor Signature

Date

Name printed or typed

Student:

Student Signature

Date

Name printed or typed

Approval recommended by:

Unit Head Signature

Date

Name printed or typed

For OTM Internal Use:

NOT APPROVED

APPROVED by _____ for the Office of Technology
Management (OTM) for release date _____.

Copies to:

GC Thesis Office

Student Author

OTM

Thesis Advisor

Thesis Withholding Form Mar99