CHICAGO STATE UNIVERSITY

4. Digital Publishing Delayed Release Request Form

Directions: 1. Complete this form in consultation with your Thesis /Dissertation Advisor. 2. Scan completed form and save both pages as a *single* PDF file (for PDF merging, visit: http://foxyutils.com/mergepdf/). 3. Name your file as follows: "[last name]_[first name and middle initial]_ Delayed_Release_[T or D]_[year of defense]" (for example, Doe_JaneA_T_2014). 4. Upload into in the area labeled: "**Delayed Release Form"** on the Administrative Documents page of your file in the ETDAdmin Tool at: www.etdadmin.com/chicagosu.

REQUEST DELAYED PUBLIC RELEASE OF YOUR THESIS OR DISSERTATION

Student Author Name: _____
Thesis /Dissertation Title: _____
Department: _____ Degree Program: _____
Degree Type (Circle one): M.A., M.F.A., M.S. or Ed.D. Term of Completion: _____

Reason for Delayed Release of Thesis /Dissertation

Choose any/all option(s) that apply from 1-5 below and add information as requested:

1.a. ____ Pursuant to a CSU contractual obligation, or to grant a research sponsor time needed to conduct prepublication review in order to identify sponsor's proprietary information.

Contract/Grant No.: _____(required if applicable)
Sponsor: _____(required if applicable)
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Did the funding agency require a data sharing plan for this award? Yes__ No__

If "yes", is the delayed release period chosen consistent with the data sharing plan"? Yes___ No___

1.b. ____ May include pilot data for a pending grant application.

Please attach statement or explain below any additional information about the reason for delayed release.

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2.____ To provide time for evaluation of potentially patentable technology by Chicago State University and/or its technology transfer agents.

Please attach statement explaining the reason for delayed release and name of CSU faculty/administrator(s) who have knowledge of this potentially patentable *or* explain/provide information below.

_____
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Invention Title: _____
*Inventor(s):*_____

3. ____ Progress report and/or manuscript in preparation.

Reason for Delayed Release of Dissertation/Thesis (continued)

4. ____ Potentially publishable or commercializable material.

5. ____ Other: Please attach statement explaining the reason for delayed release *or* explain below.

_____

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Delay Period Options

Request dissertation or thesis access after graduation date. (Circle one):

6-months 1 yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10 yrs

Note: An extended delay (5- 10 years) is permissible only upon written authorization from the Thesis/Dissertation Advisor or Principal Investigator of the project that provided funding.

Approval Recommendations

Student Author's *Signature* indicates acknowledgement that:

A. The student's advisor and/or primary investigator has the right to authorize:
   1. Delayed release of student's work; *and*
   2. The length of the delay period
   3. **Any changes to the delay period**

B. The following approvals are required for delayed release that apply to this request:

_____

Student Author *Signature* *Printed Name* *Date*

We have reviewed the requested reasons for delayed release of the thesis/dissertation named above and we indicate our approval or disapproval of said manuscript for delayed release by our signatures below:

_____

Thesis /Dissertation Advisor *Signature* *Printed Name* *Date* ____I agree ____I disagree

_____

Principal Investigator *Signature* *Printed Name* *Date* ____I agree ____I disagree

(Required if student chose option 1a/b on page 1 of this form)