

**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.etsadmin.com/chicagosu](http://www.etsadmin.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)

*Principal Investigator:* \_\_\_\_\_ (required if applicable)

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.

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

*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:

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<i>Student Author Signature</i>	<i>Printed Name</i>	<i>Date</i>
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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:

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<i>Thesis /Dissertation Advisor Signature</i>	<i>Printed Name</i>	<i>Date</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
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<i>Principal Investigator Signature</i>	<i>Printed Name</i>	<i>Date</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
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(Required if student chose option 1a/b on page 1 of this form)