

UWest Dissertation/Thesis Extended Embargo Form

Date __ / __ / ____

Last Name: _____ First: _____

University ID Number _____ Email _____

Department/Program: _____

Department/Program Chair: _____

Dissertation/Thesis Committee Chair: _____

Dissertation/Thesis Type: ___ Master's Thesis ___ Doctoral Dissertation

Dissertation/Thesis Title: _____

Requested embargo end date: __ / __ / ____

Is this an extension to an existing embargo? Yes / No

Reason for the request: _____

Approval by committee chair: Yes / No

Notes: _____

Signature: _____ Date: __ / __ / ____

Approval by department chair: Yes / No

Notes: _____

Signature: _____ Date: __ / __ / ____