

Use this form to:

- Request to restrict the circulation of a master's or doctoral thesis for greater than 2 years. Extensions beyond 2 years are only considered in exceptional circumstances.
- Request an extension to the current circulation restriction of a thesis. A maximum of one extension.

Instructions:

1. Prior to depositing the thesis to the UWSpace Library, complete sections 1-2 and obtain signatures from supervisor(s). Requests to restrict circulation of a thesis will not be considered after the thesis has been deposited.
2. Submit the completed form to your academic department for approval.
3. If no further extension is requested or approved, the thesis will be released at the end of the restriction period for open-access dissemination by the Library via the UWSpace repository.
4. Extensions must be requested, using this form, at least two months before the original release date, to Graduate Studies and Postdoctoral Affairs (GSPA).

For more information about this form, please review the [request to restrict circulation of thesis form web page](#).

Section 1: Student information

University of Waterloo student identification number _____

Last name(s) _____ First name(s) _____

Email _____ Faculty (e.g. Arts) _____

Department or School (e.g. History) _____ Program (e.g. MAsc, ECE) _____

Program level: master's doctoral

Section 2: Request for restriction

Type of request:

new restriction on circulation of thesis, beyond 2 years in duration

extension to original restriction on circulation of thesis

New restriction on circulation of thesis

Extension to original restriction on circulation of thesis

Anticipated convocation fall, year _____

Date of convocation (mm/dd/yy) _____

spring, year _____

Preferred extended date of release (max. 2 years) (mm/dd/yy) _____

Rationale for request e.g. publisher requirement (if request to extend the embargo is a result of pending publications, please attach evidence that the research is under review or in press)

Section 3: Approval signatures

Supervisor _____ Date (mm/dd/yy) _____

Co-Supervisor (if applicable) _____ Date (mm/dd/yy) _____

Associate Vice-President, GSPA _____ Date (mm/dd/yy) _____