

**PURDUE UNIVERSITY
GRADUATE SCHOOL
Request for Confidentiality of Thesis**

Date _____

Thesis Title: _____

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Date Degree Expected _____

Author _____

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Department _____

Department Code _____

REASON FOR CONFIDENTIALITY (Please check applicable items.)

There may be patents resulting from research.

Publication of the thesis or portions thereof is pending.

Proprietary rights are involved.

Other (Please specify.) _____

INITIAL REQUEST

One Year Period. (An initial request is normally for one year. However, in cases where the sponsoring organization has a contractual arrangement, which expressly stipulates a longer time period, with Purdue University and/or Purdue Research Foundation, a two-year initial period of confidentiality may be requested.)

Two Year Period. (The name of the sponsoring organization and the contract number must be indicated below before this form is submitted to the Graduate School.)

Sponsoring Organization _____

_____ Contract Number

_____ Verification by Sponsored Program Services

EXTENSION REQUEST (Six Month Period)

Reason for Extension _____

The Thesis/Dissertation Office will retain both the deposit copy of the thesis and the copy for the head of the graduate program and will not permit access to these copies during the period of confidentiality without authorization in writing by the author, the major professor, or the head of the graduate program and the endorsement of the dean of the Graduate School. **At the end of the approved period of confidentiality, the thesis will be removed automatically from such status unless a request for extension is approved by the Graduate School.** Earlier removal from confidentiality may be authorized in the same manner as access during confidentiality.

SIGNATURES:

Author

Major Professor

Head of the Graduate Program

Submit this form to the Graduate School.

(For Graduate School Use)

Confidentiality has been approved
through _____
(Month, day, year)

Graduate School Thesis and Dissertation Manager