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 **Form No. GSF17**(Version 2, June 2025) |  |

**Thesis Withhold Request Form**

Principles: In exceptional cases, it may be appropriate for a postgraduate research thesis to be embargoed for a period of time. Before making an application for an embargo, consideration should be given as to whether a redacted version of the thesis might be made available in the open access repository. Further information is set out in the [***Maynooth University Thesis Depositor Policy*.**](https://www.maynoothuniversity.ie/university-policies/academic-policies-procedures)

**Student Details**

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| Author of Thesis |  |
| Thesis Title:  |  |
| Student Number  |  | Email Address: |  |
| Funding Agency (if any) |  | Supervisor (s) Name and Department/ School:  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Please indicate the submission type | Research Master’s  | PhD  | PhD by Publication | PhD by Prior Published Works | Performance-or Practice-Based/Led PhD | Professional or Practitioner Doctorate |
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# Thesis Withold Request

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| --- | --- | --- | --- |
| Does the withhold request conflict with any open access requirements set out by the above funding agency: | Yes  | No  | N/A |
| Please indicate the length of stay on access: | One Year | Two Years | Three Years  | Specific Date |
|  |  |  |  |  |
| Reason for request: | Commercially sensitive Information | Confidential information | Monograph/ book contract condition  | Other: Please state |
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# Declaration

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| I wish to apply to withhold access as indicated above. I confirm that this request complies with any conditions of funding, where relevant. I understand that the thesis will become available in the library on expiry of the embargo period if granted, unless a further application to withhold is made. (The embargo period begins on the date the thesis is ratified at Academic Council, or the relevant Exam Board if applicable).  |
| Signature of Student:  | Date:  |

# Support of Supervisor (s)

**Applications must be accompanied by a statement of support for withholding the thesis by the applicant’s supervisor.**

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| I hereby support the request to withhold access as indication above.  |
| Name and Signature of Supervisor: | Date:  |

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| **Once the above sections have been completed, this form and a statement of support from Supervisor or Head of Department must be uploaded** [**here**](https://forms.office.com/Pages/ResponsePage.aspx?id=zPVUFDW7hUa72YYh_YBVyZdFKCpc4BpMunuNqmGwjXZUMUEwMktZTVFIOEtMMDhWNFYwU1NUWlBPTyQlQCN0PWcu) |

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| **For Office Use Only: Graduate Research Academy** |

# Approval

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| --- | --- |
| Signature of Director of Graduate Research | Date:  |

Send email ratifying the request to the Student/Supervisor/Head

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| --- | --- | --- |
| Student: | Supervisor: | Head of Dept: |
|  |  |  |

Send copy to the Examinations Office and Library

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| --- | --- |
| Date: | Name of GRA Staff Member  |
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