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**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: |  |

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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  Personal/ Confidential information | Personal/ Confidential information | | Security Issue | 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 complete, 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) |

# Approval

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

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

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

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| Student: | Supervisor: | Head of Dept: |
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Send copy to the Examinations Office and Library

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