



FACULTY OF GRADUATE STUDIES
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies
Email: graduatestudies@brocku.ca

REQUEST TO RESTRICT CIRCULATION OF THESIS

Completion of this form will ensure that the thesis will be withheld for a maximum of one year.

STUDENT ID NUMBER:

NAME:

GRADUATE PROGRAM:

DEGREE: ANTICIPATED DATE OF GRADUATION: Spring Fall YEAR:

REASON FOR RESTRICTION:

REQUESTED DATE OF RELEASE:

STUDENT'S SIGNATURE:

DATE:

APPROVAL SIGNATURES:

SUPERVISOR NAME:

DATE:

CO-SUPERVISOR (if applicable):

GRADUATE PROGRAM DIRECTOR:

DEAN OF GRADUATE STUDIES:

DATE:

COMMENTS:

FOR GRADUATE STUDIES USE ONLY:

DATE THESIS RELEASED:

SIGNATURE: