FLORIDA STATE UNIVERSITY ${\boldsymbol \bullet}$ THE GRADUATE SCHOOL

FSU DIGITAL REPOSITORY EMBARGO REQUEST FORM (Page 1 of 2)

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PERMANENT E-MAIL ADDRESS	
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COLLEGE/SCHOOL:	
DEPARTMENT/PROGRAM (If Applicable):	
SEMESTER OF GRADUATION:	YEAR OF GRADUATION:
MAJOR (OR CO-MAJOR) PROFESSOR:	
CO-MAJOR PROFESSOR (If Applicable):	
TITLE OF MANUSCRIPT:	
renewal by completing and submitting this	s for twenty-four (24) months. To extend the embargo, students must request an embar s form to the Manuscript Clearance Advisor one month prior to the expiration of t their manuscripts only in 24-month increments (Justification required for all requests, pg 2)
INITIAL REQUEST	Twenty-four (24) month embargo
FIRST RENEWAL REQUEST	Additional Twenty-four (24) month embargo: total forty-eight (48) months
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REASONABLE JUSTIFICATION - Specifics are required for ALL embargo requests. The justification must include a <u>timeline</u> for publication or patent submission and the <u>publishers or journals</u> to which you intend to submit. Embargo requests without this information will not be considered. If you are requesting Campus Community-Only Access, you must give additional justification. The Campus Community-Only option is typically reserved for those intending to publish a book from their manuscript.

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Student	(Signature and Date)
Major (or Co-Major) Professor	(Signature and Date)
Co-Major Professor, If Applicable	(Signature and Date)

Nancy H. Marcus, Dea	n, The Graduate Schoo	I (Signature and Date)
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Student	(Print Name)
Major (or Co-Major) Professor	(Print Name)
Co-Major Professor, If Applicable	(Print Name)