

FLORIDA STATE UNIVERSITY • THE GRADUATE SCHOOL

EMBARGO REQUEST FORM (Page 1 of 2)

(Please Type or Print)

STUDENT INFORMATION:

NAME:

EMPLID:

PERMANENT E-MAIL ADDRESS

DEGREE AWARDED:

MA  MFA  MM  MME  MS  MSN  DM  EDD  PHD

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:

**FSU EMBARGO REQUEST - An initial embargo is for twenty-four (24) months. To extend the embargo, students must request an embargo renewal by completing and submitting this form to the Manuscript Clearance Advisor one month prior to the expiration of the previous embargo. Students may embargo their manuscripts only in 24-month increments (Justification required for all requests, page 2).**

- INITIAL REQUEST
- FIRST RENEWAL REQUEST \*
- FINAL RENEWAL REQUEST \*

**PLEASE SELECT ONE EMBARGO OPTION**

- Twenty-four (24) month embargo in the FSU Digital Repository and ProQuest, with World Wide access after the FSU and ProQuest embargoes expire
- Twenty-four (24) month embargo in the FSU Digital Repository, with *Campus Community-Only access*\*\* in the FSU Digital Repository after the FSU embargo expires, and a permanent embargo in ProQuest; additional justification required on page 2
- \*\*Access limited to those on the FSU network

\* When requesting an embargo renewal through Florida State's ETD Digital Library, it is the student's responsibility to contact ProQuest to extend the manuscript embargo on the ProQuest web site. (ProQuest: 800-521-0600 x 77020; [disspub@proquest.com](mailto:disspub@proquest.com).)

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**EMBARGO REQUEST FORM (Page 2 of 2)**

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Last Name:

EMPLID:

**REASONABLE JUSTIFICATION - Specifics are required for ALL embargo requests. The justification must include a timeline for publication or patent submission and the publishers or journals 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.**

**APPROVAL:**

\_\_\_\_\_  
Student

(Signature and Date)

\_\_\_\_\_  
Major (or Co-Major) Professor

(Signature and Date)

\_\_\_\_\_  
Co-Major Professor, If Applicable

(Signature and Date)

\_\_\_\_\_  
Nancy H. Marcus, Dean, The Graduate School (Signature and Date)

Student

(Print Name)

Major (or Co-Major) Professor

(Print Name)

Co-Major Professor, If Applicable

(Print Name)