

# Division of Graduate and Undergraduate Education

## Thesis Hold Request

Date of submission request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

### 1. Student information

Name: last, first, middle: \_\_\_\_\_

MIT ID: \_\_\_\_\_

Department number or program name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Student Request:

Thesis title: \_\_\_\_\_

Length of time held requested (maximum 90 days\*): \_\_\_\_\_

Have you requested and/or been granted a thesis hold previously? If yes, for how long? \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### 3. Department approval

Student's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

### 4. Institute approval

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*Professor David Darmofal, Vice Chancellor for Graduate and Undergraduate Education*

\*The Vice Chancellor will not approve a petition for thesis hold beyond three months. A request for a longer period must be reviewed and approved by the [Vice President for Research](#).