

# 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*

Please forward completed form to [gue-thesis-holds@mit.edu](mailto:gue-thesis-holds@mit.edu).

\*If the initial hold period granted by the Vice Chancellor is insufficient, an extension may be requested through the Office of the Vice President for Research. The hold must be approved and in place before requesting an extension.