

**LSU Graduate School**  
**Request for Restricted Access to Thesis/Dissertation**

*This request must be submitted with the final version of the thesis/dissertation. Requests will not be considered prior to submission of the document or after the document has been approved and released.*

Name: \_\_\_\_\_ LSUID: \_\_\_\_\_

Email: \_\_\_\_\_ Major: \_\_\_\_\_  
(Be sure to keep your email address current with the Graduate School)

Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

Advisor: \_\_\_\_\_ Advisor's email: \_\_\_\_\_

I hereby request that my thesis/dissertation (*circle one*):

- Be **restricted to LSU campus viewing only** for 365 days from the date of its approval by the Graduate School.
- Be **completely withheld from all public access**, including PQIL, for a period of (note that you will not receive bound copies you order from PQIL, until your document is released to public access)
  - 365 days from approval by the Graduate School
  - 730 days from approval by the Graduate School
  - Other \_\_\_\_\_ (specify)
  - Renewal request (*submit for extension of restricted period*)

Specific reasons for request: (Explain in detail and attach any materials that support your request.)

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

\_\_\_\_\_  
major professor signature

\_\_\_\_\_  
date

**Graduate School Action:**

Approved: \_\_\_\_\_

Comment added: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Student notified: \_\_\_\_\_