

Electronic Thesis and Dissertation Sequester Request Form

USE OF THIS FORM: The purpose of sequestering is to delay public disclosure for a limited time so that NJIT can preserve intellectual property rights if applicable. For additional information about sequestering, please review *Copyright Ownership* and *Ownership of Intellectual Property* sections of the [Graduate Catalog: Academic Policies and Procedures](#).

STEP 1: STUDENT INFORMATION

Last Name:	_____	First Name:	_____	MI:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone #:	_____	Student ID#:	_____		
NJIT email:	_____	Preferred email:	_____		

STEP 2: DOCUMENT INFORMATION

Master's Thesis Doctoral Dissertation

Program/Department:	_____	Diploma date:	_____
Exact title of document:	_____		

STEP 3: REASON FOR SEQUESTERING

Please consult with your advisor(s) before selecting option **A** or **B**. Signatures for either option must be obtained from your Thesis/Dissertation's Advisor/Co-Advisor, the Office of Technology Development and the Office of Graduate Studies before dissemination to the Van Houten Library for processing and submission to ProQuest/UMI.

<input type="checkbox"/> A. Request NJIT to <u>NOT</u> sequester this thesis or dissertation. I acknowledge that I waive my right to any future sequestering of my thesis/dissertation.
<input type="checkbox"/> B. Request NJIT to sequester this thesis or dissertation for the period stated below.
<input type="radio"/> Patent pending _____ <div style="display: flex; justify-content: space-around;"> Sequester start date Sequester end date (up to 3 years after start date) </div>
<input type="radio"/> Other (explain): _____

STEP 4: SIGNATURES

Student's Name (Printed)	Signature	Date	Agree	Disagree
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Thesis/Dissertation Advisor's or Co-Advisor's Name (Printed)	Signature	Date	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Thesis/Dissertation Advisor's or Co-Advisor's Name (Printed)	Signature	Date	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Office of Technology Development's Name (Printed) 492 Fenster	Signature	Date		
_____	_____	_____		
Office of Graduate Studies' Name (Printed) 140 Fenster	Signature	Date		
_____	_____	_____		