North Dakota State University
Request for Extension of Delayed Release Period

To request an extension to a delayed release, please fill out this form and submit it to the Graduate School (ndsu.grad.school@ndsu.edu). If an extension to a delayed release is approved, the extension will begin on the expiration date of your current delayed release period. During this time your disquisition will continue to be unavailable to the public (to include employers and other researchers). Also, if any printed copies are ordered through ProQuest they will not be delivered until the end of the requested time period. After the time period expires, your disquisition will be released for publication.

Extensions to the time period requested in the initial delayed release may only be approved by the Dean of the Graduate School. You will not be contacted regarding the expiration of your delayed release, and you are solely responsible for requesting any extensions to an approved delayed release.

Last Name                                First Name                                Middle Name                                I.D. #

Major Department or Program

E-mail address (please indicate an account you intend to maintain throughout the delayed release extension period)

6 mos.  1 year  2 years
Length of Extension

Semester and Year of Graduation

TITLE OF DISQUISITION:
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Reason for Extension (please be as detailed and specific as possible):
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Student’s Signature                                Date

For the Graduate Dean:
☐ I have reviewed and approve this request.
☐ I have reviewed and do not approve this request.

Graduate Dean Signature                                Date