

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

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](#).