Office of the Vice President for Research

Thesis Hold Extension Request

Date of Submission: / / (Month/Day/Year)

Student Information

Name (First/Last):

MIT ID:

Department Number or Program Name:

Email Address:

Student Request

Thesis Title:

Thesis Advisor:

Length of Hold Extension Requested:

Length of Original OVC Hold:

Reason for Extension Request:

Additional Required Documentation

Please Attach:

☐ Your original thesis hold form signed by the Vice Chancellor

☐ A letter or email from your Department Head supporting an extended hold of your thesis

APPROVAL

Student Signature: _____

Vice President for Research Signature: _____
Ian A. Waitz

VPR Comments:

PLEASE RETURN YOUR SIGNED FORM TO: **thesisholdextensions@mit.edu**