



# EMBARGO MEMO FORM

Please complete this form to request an embargo of your thesis or dissertation or to renew your current embargo. **Send the completed form, along with your G-DSF or G-TSF, to your coordinator at the Graduate School.**

DATE \_\_\_\_\_ USC ID \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

TITLE OF THESIS OR DISSERTATION

## LENGTH OF EMBARGO

6 months  1 year  2 years  CUI  Permanent (must meet permanent embargo [criteria](#))

Are you requesting an embargo renewal?  Yes  No, this is a new embargo

## JUSTIFICATION FOR EMBARGO

## SIGNATURES

*STUDENT*

\_\_\_\_\_  
Type Name Signature

*MAJOR PROFESSOR*

\_\_\_\_\_  
Type Name Signature

*DEPARTMENT CHAIR*

\_\_\_\_\_  
Type Name Signature

**Directions:** Send this signed form and your [G-DSF](#) or [G-TSF](#) to [your Graduate School coordinator](#).

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**FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

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## DEAN OF GRADUATE SCHOOL APPROVAL

Approved  Not Approved

\_\_\_\_\_  
Type Name Signature