



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

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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

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Type Name

Signature

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

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DEAN OF GRADUATE SCHOOL APPROVAL

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