Thesis Hold Request
Office of the Dean for Undergraduate Education

Date of submission: _____/____/____ (month/day/year)

1. Student Information

Name: last, first, middle: 
MIT ID: 
Primary dept or program: 
Primary degree: 
Expected degree date: 
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

Dean, Office of the Dean for Undergraduate Education, DUE, Room 7-133

The signed form should be sent directly to the Institute Archives and Special Collections (14N-118) through interdepartmental mail.

*The Dean for Undergraduate Education 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 and Associate Provost.