**Thesis/Dissertation Permission Form**

**Directions:** Please complete this form and submit to the Graduate School along with the final, approved paper copy of your final thesis/dissertation.

|  |  |
| --- | --- |
| Name: |  |
| Thesis/Dissertation Title: |  |
| Department: |  |
| Degree: |  |

I present this thesis/dissertation in partial fulfillment of the requirements for a graduate degree from the University of Central Arkansas, and so that it may be preserved in the university’s library collection. It is understood that due recognition shall be given to me and to the University

of Central Arkansas in any scholarly use which may be made of any material in my thesis/dissertation.

Please initial next to the approved method(s) of accessing your work.

\_\_\_\_ I grant permission for this work to be viewed and read in print format.

\_\_\_\_ I grant permission for this work to be scanned or copied for the purpose of patron access

and digital preservation.

\_\_\_\_ I grant permission for this work to be shared digitally to national and international libraries

via interlibrary loan.

\_\_\_\_ I request that this work be embargoed for \_\_ years, after which period it may be scanned,

copied, or shared via interlibrary loan.

\_\_\_\_ I request that this work be embargoed indefinitely.

Any permission granted for copying, scanning, or viewing this work is only for the purposes of

private study, scholarship, or research.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date