# **Graduate School of Biomedical Sciences**

# **Electronic Practicum Report/Thesis/Dissertation Filing Form**

**Last Name:**       **First Name:**       **Middle Initial:**         
**Student ID:**       **Grad Month/Year:**        
**Street Address:**       **Apt:**       **City:**       **State:**         
**ZIP or Postal:**       **Country:**       **Telephone:**        
**E-mail Address:**        
**Student ID:**        
**Degree:**  MS  PhD **Document Type:**  Practicum Report  Thesis  Dissertation **Major Professor:**        
**Key Terms:**        
**Document Title:**        
 **Student Agreement:** By signing below, I hereby grant to the University of North Texas Health Science Center at Fort Worth and its agents the irrevocable, non-exclusive, royalty free license to archive, reproduce, distribute and display, the above described practicum report/thesis/ dissertation in whole or in part in any form including electronic formats now or hereafter known throughout the world for educational, research, and scientific purposes during the full term of copyright via digital collections mechanisms maintained or to be maintained by or on behalf of the University of North Texas Health Science Center at Fort Worth. I warrant that I have the right to make the grant described herein to the University of North Texas Health Science Center at Fort Worth, and that I have either obtained permission from the owner(s) of each third party copyrighted matter to be Included in my practicum report/thesis/dissertation, allowing distribution as specified herein, or I have removed all such copyrighted matter that I lack permission to reproduce or distribute. The version of the document I am submitting Is the same as that approved by my advisor minus any parts that I lack permission to republish. I agree the above described document by be placed in the University of North Texas Health Science Center at Fort Worth digital archive, with the following status (choose one):  
  
 Release the entire work Immediately for access worldwide.  
 Release the entire work for University of North Texas Health Science Center at Fort Worth   
 immediately for 1 year. After this time, release the work for access worldwide.  
 Delay the release of the entire work for 1 year. After this time, release the work for access   
 worldwide (DEFAULT).  
 Delay the release of the entire work for       years. After this time, release the work for   
 access worldwide.

**Review and Agreement:** The undersigned agrees to and shall abide by the terms and conditions described above, and further agrees that this document replaces any and all previous forms or agreements related to the subject matter described herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     , Author   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     , Major Professor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     , Dean (for embargoes beyond 1 year)