Duke University
Department of Pharmacology and Cancer Biology
PUBLICATION WAIVER REQUEST FORM

Instructions:

• The majority of thesis committee members must approve before a publication waiver can be requested.
• Submit all requests to the PCB Department Chair, Dr. Colin Duckett.
  CC: Thesis advisor, Program DGS and Jamie Baize-Smith
• Students cannot proceed with defense planning until a publication waiver has been approved.
• Requests MUST be submitted at least 4 weeks prior to a proposed defense date.

Name: ________________________________ Date: ______________________

PI Name: ______________________________

Matriculation Year: ____________________ Program Affiliation: __________

Expected Defense Date: ________________ ORCID: _____________________

The majority of my thesis committee agrees that I can request a publication waiver? YES NO

Where has your work been submitted for publication?
________________________________________________________________________

What is the biorxiv.org accession number?
________________________________________________________________________

Reason for request and expected timeline:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Who will continue with the work if you leave before the publication has been accepted? Please provide a plan to address the manuscript revisions that has been agreed upon by the mentor. (Feel free to include a separate attachment)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Anything else you would like to share about your situation?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The following signatures are required before your request can be reviewed:

Student Name/Signature: _________________________________________________  Approve? YES  NO

Advisor Name/Signature: _________________________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

Committee Member Name/Signature: ______________________________________  Approve? YES  NO

If you do not approve this request, please use this space to provide a statement on why.

__________________________________________________________________________________________________

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