

To: The Director of Toyohashi University of Technology Library

Institutional Repository Consent Form (Doctor Thesis)

Department
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I hereby consent to have the doctoral thesis that I wrote (the title of which is shown below) digitized and registered in the Toyohashi University of Technology Academic Institutional Repository. I also consent to the duplication of my doctoral thesis to the extent necessary for the purpose of registration.

Details

Degree Type: Doctor of ()
 Based on completion of coursework Based on submission of thesis only

Thesis Title:

Academic Supervisor: _____

Date of Disclosure

- I will disclose my thesis on the date of degree conferral
(or the date of Consent Form submission if I have already received my degree).
- I will disclose my thesis as soon as the following reasons for its being withheld are resolved
(Date: on or after () / date unknown).

Reason

- Have filed for a patent or other license
 Unable to receive consent from co-author
 Thesis has already been published; unable to receive consent from publisher
(Name of Journal, Publisher:)

Other Reason (Specify :)