

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. Lee Zou.
CC: Thesis advisor, Program DGS and Claudia D. Ruga (DGSA)
- 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](https://www.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

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

