**SPONSORED PROJECT AGREEMENT**

**PUBLICATION RESTRICTION WAIVER**

**FOR INTERNAL USE ONLY**

**Project Information**

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| --- | --- | --- | --- |
| **Principal Investigator:** |  | **Sponsor Name:** |  |
| **Department:** |  | **Sponsor Award No:** |  |
| **Email:** |  | **University Proposal No:** |  |
| **Telephone:** |  | **University Project No:** |  |
| **Project Title:** |  | | |

**Publication Restriction Waiver**

The academic mission of the University includes the development and dissemination of new knowledge by its faculty, staff and students. As such, a research contract or other agreement should generally not restrict the University’s freedom to publish or otherwise disseminate the research results beyond limited pre-publication reviews by the sponsor or temporary delays in publication for the purposes of obtaining a patent application.

Importantly, accepting publication restrictions can sometimes create significant negative consequences for a student’s dissertation/thesis or subject the research to “export control” regulations.  Export control regulations are federal laws that impose strict access, dissemination, and participation restrictions on the transfer of certain items, software, and information to foreign persons in the U.S. and abroad (generally, foreign persons include anyone who is not a U.S. citizen, legal permanent U.S. resident, or refugee/asylee).   Publication restrictions in excess of 90 days can cause the research to fall outside of the export control definition of “fundamental research,” and therefore subject the results of the research to additional regulations and safeguarding requirements.

However, on a case‐by‐case basis, the University will consider accepting a publication restriction in an agreement if the proposed work can be accommodated without compromising the University's pursuit of its academic mission, if the academic value of the research can be justified by the PI, and provided that the proposed restrictions do not cause the University or the PI to violate any state or federal regulations that might be implicated as a result of the restrictions.

This is a request for the University to accept the following restrictive publication cause for the above agreement:

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**Reason for Making this Request**

PI must explain utility and reasoning as to why acceptance of such a clause is in the best interest of the University.

By executing this Publication Restriction Waiver, you, the undersigned Principal Investigator, represent and warrant that you understand and agree the above language constitutes a publication restriction and requires special procedures. In particular:

1. The policy set forth in the Graduate Faculty Senate is as follows:

*“Students are prohibited from using in their thesis or dissertation, research (data, results, methods, or other content) that could restrict subsequent publication or public disclosure of these documents. Examples of restricted information include materials which are classified or proprietary. It is important to note that these restrictions do not apply to non-thesis or dissertation research that is approved by the student's advisor and allowed by UM policies. Questions regarding the applicability of this policy to thesis or dissertation content should be referred to the Graduate School.”*

Graduate students must understand that because the project is subject to a publication restriction, no part of the work can be used in a thesis or dissertation. If a student is delayed in or prohibited from disseminating the research such that there is a lack of evidence of progress towards an advanced degree, his/her candidacy for an advanced degree might be jeopardized in part or in whole.

1. All personnel that will work on the project are identified in **Appendix A** and will be notified of the terms contained herein via email by SPA. The PI must promptly notify any new personnel who become involved in the Project that there is a publication restriction on this project.

**Principal Investigator**

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Principal Investigator (Signature) Print Name Date

**Approved By:**

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Department Chair/Director (Signature) Print Name Date

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Dean (Signature) Print Name Date

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Dr. Alexandra Socarides Date

Associate Provost

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OSPA Reviewers Initials/Date

**Appendix A: Please attach a list of project personnel to be notified.**