



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Health Sciences Library

Thesis/Dissertation Permission Form

Student First Name: _____

Student Last Name: _____

Student Email: _____

Thesis Advisor: _____

Title of Thesis: _____

Rights and Permissions Statement

I hereby grant New York Medical College the non-exclusive right to archive online and make accessible in its institutional repository (e.g. Touro Scholar), under the conditions specified below, my thesis or dissertation (the Work) in whole or in part in all forms of media, now or hereafter known. I retain all ownership rights to the copyright of the Work. I also retain the right to use in future works (such as articles or books) all or part of this Work.

I hereby certify that I have obtained and attached all necessary written permission(s) from the owner(s) of copyrighted matter to be included in my thesis or dissertation.

I certify that the electronic version I submitted is the final version which was approved by my advisory committee. I agree that the above-mentioned document be made accessible online by the library as follows:

- Full-text open access **OR**
 Full-text access available only to New York Medical College and Touro constituents

Optional: (advised if the student intends to publish or patent. Discuss with advisor as needed.)

Do not make available online until _____

The Library requires that you [upload your thesis](#) to Touro Scholar as a PDF. This completed form should be uploaded as an Additional File when uploading your thesis.

For questions: contact Jeanette Aprile, Scholarly Communication & Content Librarian, 914 594-4213 or japrile@nymc.edu

Print Student Name: _____

Student's Signature: Catherine D'Addario Date: 05/19/2022

Advisor's Signature: _____ Date: _____

Vice Dean's Signature (SHSP only): _____ Date: _____