

**SENIOR SCHOLARS PROGRAM**  
**AT THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, WORCESTER**  
<http://escholarship.umassmed.edu/ssp/>

**eScholarship@UMMS Submission Approval Form**

Student Name: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Title: \_\_\_\_\_

**Student Agreement:**

I hereby grant to the University of Massachusetts Lamar Soutter Library and its agents the non-exclusive license to archive and make accessible, under the conditions specified below, the aforementioned document in whole or in part in all forms of media, now or hereafter known. I retain all ownership rights to the copyright of the material. I also retain the right to use in future works (such as articles or books) all or part of this document. \*

I hereby certify that, if appropriate, I have obtained permission statements from the owner(s) of each third party copyrighted matter to be included in this document, allowing distribution as specified below. I certify that the version I submitted is the same as that approved by my faculty advisor.

**Student and Advisor Agreement:**

We, the student and advisor, agree that the aforementioned document be placed in the digital archive with the following status: (*choose one*)

1. Release only the title, author, and abstract for access worldwide.

OR

2. Release title, author, abstract and full text of project (e.g. paper, poster, video) immediately for access worldwide.

Student \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Advisor \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**Return this signed form to Judy Savageau, MPH**  
**(Department of Family Medicine and Community Health)**

\* Loading your project into eScholarship@UMMS does not preclude you from presenting your work at a conference or publishing in a journal. It increases visibility for student scholars and provides a long-term stable link for future access.