

**Yale School of Medicine  
MD Thesis Depositor's Declaration**

I hereby grant to the Yale School of Medicine and its agents the non-exclusive license to photocopy, archive and make accessible, under the conditions specified below, my print and electronic thesis, in whole or in part, in all forms of media.

**I acknowledge that I have either obtained permission from the owner(s) of each third party copyrighted matter to be included in my thesis or I have removed all such copyrighted matter.**

I agree that the Yale School of Medicine may electronically store, copy or translate my thesis to any medium or format for the purpose of preservation and accessibility. The Yale School of Medicine is not under any obligation to reproduce or display my thesis in the same format in which it was originally deposited.

**I retain all other ownership rights to the thesis**, including but not limited to the right to use in future works (such as articles and books) all or part of this thesis.

My thesis may be placed in the digital repository with the following status:  
**(choose one only)**

- 1.** Release the entire thesis immediately for access worldwide, in perpetuity.
- 2.** Release the entire work for Yale University access (including on-campus access and remote access) only for  1 year,  2 years, or  3 years. After this time, the work may be accessible worldwide, in perpetuity.
- 3.** Release the entire work for Yale University access (including on-campus access and remote access) only, in perpetuity. I understand that this thesis may be available from any Yale University computer location or authorized remote location.

I understand that descriptions of the thesis will be incorporated into library catalogs or databases. Any request to remove my thesis from the digital library repository shall be submitted in writing to the Director of Student Research. Any such request shall be granted or denied at the sole discretion of the Director, after giving consideration to all factors raised in such request.

I hereby give The Yale School of Medicine the right to make available the thesis in the way described above.

Name of Student	Date	Signature
For Office of Student Research	Date	Signature

---