

This form is to be used to make application for RESTRICTED ACCESS of your thesis. **Please note that that this form should be submitted with the Final Version to the Graduate Research School, Hackett Hall, (M358).**

STUDENT DETAILS

Surname:		Student ID:	
Given names:		Title (Dr/Mr/Mrs/Ms etc):	
Mailing Address:			Postcode:
Email:		Contact Ph:	
Thesis Title:			
School:			
Name of Degree:			

REQUEST (please tick one or more as appropriate)

<input type="checkbox"/> Restrict Access	<input type="checkbox"/> Allow no-one access (see ⊖ below)	For _____ months
OR		
<i>For digital theses only</i>	<input type="checkbox"/> Allow UWA staff & students only (see ⊖ + δ below)	For _____ months

To what does this request refer?	<input type="checkbox"/> Thesis	<input type="checkbox"/> Appendix	<input type="checkbox"/> Other work
----------------------------------	---------------------------------	-----------------------------------	-------------------------------------

REASONS FOR REQUEST (please tick as appropriate)

In accordance with a letter received from the Legal Services Office, I am advising the Graduate Research School that my thesis contains confidential information which should be withheld and/or it is necessary for access to my thesis, work or appendix be restricted. In accordance with Regulation 22 governing Research Higher Degrees I am requesting that the Board of the Graduate Research School consider this application.

I have recently become aware that my thesis, appendix or other work should be kept confidential and/or access to my thesis appendix or other work should be restricted. **I have not previously informed the University of the need for special arrangements regarding the examination and access to my thesis.** My reasons are as follows (*please tick as appropriate*)

My thesis, appendix or other work contains confidential material.

Confidentiality and/or restricted access was a condition imposed by the owner of private records and material used by me.

I was in an employment or other contract relationship with a third party that made the restriction a condition of the contract. *Please attach copies of agreements.*

Other :

For digital theses only: I am concerned that my work not be considered to be "previously published".

In accordance with Regulation 22 governing Research Higher Degrees I am requesting that the Board of the Graduate Research School consider this application.

SIGNATURE OF CANDIDATE

Signature of Candidate:	Date:
-------------------------	-------

SUPERVISOR AND HEAD OF SCHOOL APPROVAL AND SUPPORTING REASONS

*To be completed by supervisor – please comment on the reasons for this request, indicating approval or otherwise.
(Please note points below)*

Supervisor(s) Signature:

Date:

Supervisors(s) Name: (please print):

Head of School Signature:

Date:

Head of School(s) Name: (please print):**NOTES**

⊖ Restricted Access: Upon written application by a candidate or by an interested party prior to the lodgement of a thesis or other work, the Board of the Graduate Research School may, after consultation with the candidate, the Chair of the Intellectual Property Committee and others where appropriate restrict access to a thesis, other work or an appendix to a thesis for a period of time not normally exceeding two years from the date that it is classified as Passed. A thesis, work or appendix will normally only be restricted if it contains confidential material, or if it was a condition imposed by the owner of private records and material used by the candidate, or if the candidate was in an employment or other contract relationship with a third party that made the restriction a condition of the contract.

⚡: Access to Theses made available via the UWA Profiles and Research Repository may be limited to UWA staff and students only.

OFFICE USE ONLY Approved Not Approved_____
Dean, Graduate Research School_____
Date**ACTIONED BY:**

HIDEGS updated

Library Advised