



Graduate Research School

Application for Restricted Access

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This form is to be used to apply for RESTRICTED ACCESS to your thesis. **Please note that that this form should be submitted with the Final Version of your thesis 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	Release date (DD/MM/YYYY): _____		
To what does this request refer?	<input type="checkbox"/> Thesis	<input type="checkbox"/> Appendix	<input type="checkbox"/> Other work

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.

REASONS FOR REQUEST (please tick as appropriate)

<input type="checkbox"/>	As I have advised the Graduate Research School previously, my thesis contains confidential information which should be withheld and/or it is necessary for access to my thesis, work or appendix be restricted.
<input type="checkbox"/>	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 (<i>please tick as appropriate</i>)
<input type="checkbox"/>	My thesis, appendix or other work contains confidential material.
<input type="checkbox"/>	Confidentiality and/or restricted access was a condition imposed by the owner of private records and material used by me.
<input type="checkbox"/>	I was in an employment or other contract relationship with a third party that made the restriction a condition of the contract. <i>Please attach copies of agreements.</i>
<input type="checkbox"/>	Other :
<input type="checkbox"/>	I am concerned that my work not be considered to be "previously published".

I understand that my thesis will be made publicly available automatically on the indicated expiry date unless another application to extend the restriction has been approved and sent to the Library at least 2 weeks prior to the original expiry date

SIGNATURE OF CANDIDATE

Signature of Candidate:

Date:

SUPERVISOR AND HEAD OF SCHOOL APPROVAL AND SUPPORTING REASONS

To be completed by Coordinating 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):

Graduate Research Coordinator(s) Signature:

Date:

Graduate Research Coordinator(s) Name: (please print):

OFFICE USE ONLY

Approved

Not Approved

Dean, Graduate Research School

Date

ACTIONED BY:

HIDEGS updated

Library Advised