

RESTRICTED ACCESS TO A THESIS

Graduate Research School

This form must be completed when the candidate, Principal Supervisor and Dean, Graduate Research are satisfied that the thesis should be placed under restricted access.

Candidate to lodge form via researchclassifications@vu.edu.au. (GRS team to obtain Dean approval and will lodge with the VU Library)

1. Candidate Det	ails		
First name:		Family name:	
Student ID:		Degree Title:	
Research Institute			
Thesis Title:			
2. Details of Requ	iest (reason for rest	ricted access) Attach additi	onal pages if necessary
embargo period. IMPORTANT: Extensions research classifications@	s to the restricted access mus vu.edu.au ompleted form will result in	st be applied for before the end o	the library repository at the end of the of the embargo period at the Library Repository 24 months
3. Length of Emb	argo Period (from da	ate of conferral)	
6 months	12 months	18 months	24 months
Is this your first appli	cation for restricted acc	ess to your thesis?	
Yes	No*		
*If 'No' - please attach	n previous application		
Proposed date of Res	stricted Access, or Com	nencement Date of Extensi	ion:
Candidature Signature	: :		
Name		Signature	Date

4. Principal Supervisor Supporting Statement				
Supervisor Signature:				
Name	Signature	Date		
5. Dean, Graduate Research Approval				
Dean Signature:				
Name	Signature	Date		
6. GRS Notes				
Date of Conferral	Date to be Released	GRS initials		

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