

## OFFICE FOR RESEARCHER TRAINING, QUALITY & INTEGRIY Restricted Access to a Thesis Form

This form must be completed when the candidate, Principal Supervisor and Chair of Examiners are satisfied that the thesis should be placed under restricted access.

1. Candidate Details			
Candidate's			
Name:			
Degree Title:		Candidate ID:	
Thesis Title:			
2. Details of Request			
Reason for restricted a	access:		
Please attach additional page	es if necessary		
Please note that if res		r thesis is approved, at the e pository.	nd of the embargo the
Quality and Integrity at	t researchclassification	ility to contact the Office for R ns@vu.edu.au should they wi e end of the embargo period.	
		sult in the thesis being availa	ble in the Library
repository 24 months f	from conferral of the a	ward.	
3. Length of Request			
6 months	12 months	18 months	24 months
ls this your first applic	ation for restricted acc	cess to your thesis?	
Yes	No*		
*If 'No', please attach previou	s application(s).		

Proposed date of Restricted Access or Commencement Date of Extension:



## 4. Supervisor and Chair of Examiners - Supporting Statements

Supporting statement from supervisor attached Supporting statement from Chair of Examiners attached

5	. Signatures					
	Candidate's Name	Signature of Candidate	Date			
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	Principal Supervisor's Name	Signature of Principal Supervisor	Date			
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6. Dean, Graduate Research Approval						
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	Dean, Graduate Research Name	Signature of Dean, Graduate	Date			
		Research				

The completed application is to be forwarded to the researchclassifications@vu.edu.au in conjunction with the submission of the final electronic copy of the thesis and VURR Form.

## Attachment Checklist:-

Supporting Statements - Ref Section 4

Final Thesis

**VURR Form** 

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