



EXTENSION REQUEST - RESTRICTION OF ACCESS TO FINAL THESIS

Full Name:

Student ID:

Email Address:

School/College:

Thesis Title:

Initial restriction details:

Period (years approved):

Dates: From:

To:

Extension of restriction scope:

The "Confidential Appendix" of the thesis; **or**

The thesis as a whole; **or**

Those chapters of the thesis specified below (attach a separate sheet if necessary):

Reasons for restricted access : eg. commercialisation, publication, protection of sources, cultural sensitivities

Restriction Period (years):

Dates: From

To:

Supporting documentation: (provide details on any supporting documentation you will attach)

Letter:

Contract:

Applicant Signature :

SUBMIT

OFFICE USE ONLY

Period of Restriction:

As requested

Approved

Not Approved

Name: Professor Imelda Whelehan Dean (HDR)

Signature:

Date

Email Open Access (repository.admin@anu.edu.au), CC EGAP for ERMS file

Advise applicant of the outcome

File