

# Restricting access to Graduate Degree Thesis Renewal Application Form



Board of Graduate Studies

RecordsandExams@admin.cam.ac.uk

Are you registered as a Full or Part-time student?	
Full Time	(✓)
Part-time	(✓)
See 7 below	

## Part I - to be completed by Student

Ask your Supervisor to complete Part II below before returning this form to the Board

<b>1</b>	<b>Surname (Family Name)</b>	<b>Forenames</b>	<b>Title</b>
<b>2</b>	<b>Address</b>		<b>email</b>
<b>3</b>	<b>Department/Faculty</b>		<b>4 College</b>
<b>5</b>	<b>Statement of Reasons for application (continue on an attached piece of paper if necessary)</b>		
<b>6</b>	<b>Period restriction required (you can apply for a maximum of 2 years in the first instance)</b>		
<b>7</b>	<b>This question is for part-time students only. Does any organisation other than the University have an interest in the intellectual property rights to your work? If yes, please specify the organisation and the nature of their interest."</b>		
<b>8</b>	<b>I confirm that the information which I have given in this application is complete and true</b>		
Signature:		Date:	

## Part II - to be completed by Supervisor

Please return this form to your student after you have completed Part II

<b>9</b>	<b>Comments (continue on an attached piece of paper if necessary)</b>		
<b>10</b>	<b>Supervisor's Name</b>		<b>11 Supervisor's Address</b>
<b>12</b>	<b>Signature of Supervisor</b>		
Signature:		Date:	

What to do now:

Head of Department recommendation:

Approved ( ) Declined\* ( )

\* Please attach a note of explanation if it is recommended that the application be declined

# Restricted Access to Thesis



**UNIVERSITY OF  
CAMBRIDGE**  
Board of Graduate Studies

ID		Name	
Full/Part	Email	College	
F			
Degree Committee		Department	Principal Supervisor
Course			Course Start Term
Material you have applied to include in your Thesis:			

## Head of Department recommendation:

The Department recommend that this application be:		
Approved ( )		Declined* ( )
<small>* Please attach a note of explanation if it is recommended that the application be declined</small>		
Comments (continue on an attached piece of paper if necessary)		
Head of Department	Signature	Date

## Degree Committee recommendation:

The Degree Committee recommend that this application be:		
Approved ( )		Declined* ( )
<small>* Please attach a note of explanation if it is recommended that the application be declined</small>		
Comments (continue on an attached piece of paper if necessary)		
Authorised Officer of Degree Committee	Signature	Date

