

Please note: this form is only for use by students who submitted their thesis before 1st October 2017 who wish to renew a period of restricted access to their thesis. Students who submitted their thesis after 1st October 2017 can manage the level of access to their thesis by contacting the Repository team in the Office of Scholarly Communication: support@repository.cam.ac.uk.

Approval process

Your application will require the approval of your Supervisor and Degree Committee before the form is submitted to the Student Registry for a final decision to be made on behalf of the Postgraduate Committee.

Note: It is possible to apply for up to a maximum of two years of restricted access per application.

Section One: To be completed by the student

Surname (Family Name)	Forenames	Title
Address		
Email Address		
Department/Faculty	College	
Statement of Reasons for Application (Attach a sep	parate sheet if necessary)	
	<i>n</i>	
Deviad of Destriction Desmosted		
Period of Restriction Requested		
Declaration		
I confirm that the information I have given in this ap	plication is complete and true:	
Signature:	Date:	
Once your Supervisor and Degree Committee have co	mpleted the following sections of the form, t	the form should be
submitted to the Student Registry either by email to r		

Registry, Student Services Centre, Bene't Street, Cambridge, CB2 3PT



Section Two: To be completed by the Principal Supervisor

Comments (attach a separate sheet if necessary)			
Supervisor's Name	Supervisor's CRSID		
Signature of Supervisor:			
Signature:	Date:		

Section Three: To be completed by the Degree Committee

The Degree recommend that this application be				
Approved	Declined			
Comments (attach a separate sheet if necessary)				
Signature of Authorised Office of Degree Committee:				
Signature:	Date:			