

Thesis access confirmation form

Student Name:		USN:		
Department:		Supervisor name:		
Thesi	s title:	I.		
	nts should refer to the following information be The Office of Scholarly Communication infore https://osc.cam.ac.uk/theses/access-cambrid	nation on differen	• • •	
2.	The terms and conditions of any funding or s Students should consult their supervisor if the			
of acc Comm should	nts should discuss access levels with their sup ess for their thesis. If agreement is not possible nittee together with details of the nature of the dialso be referred to the Degree Committee. The eturn the signed form to the student. Select from	e, this form should disagreement. Ap ne Degree Comm	d be referred to the Degree plications for Restricted Access ittee will confirm the level of access	
	Open Access			
	Embargoed Access (this will be for an initial period of 12 months with the option to extend for a further period)			
	Controlled Access			
	Time Limited Restricted Access, including patents*			
	Indefinitely Restricted Access*			
*Degree	e Committee approval is required			
	ents and supervisors are signing to confirm that and conditions of any funding or sponsorship		• •	
	ent signature	•	Date:	
Supervisor signature			Date:	
	ses where agreement between student and su ss is requested approval of the Degree Comm	-	e reached or if Restricted	
Signed on behalf of the Degree Committee		·	Date:	
Nama				

A completed copy of this form should be submitted with the electronic version of the thesis. Queries about levels of access should be directed to thesis@repository.cam.ac.uk

Comments:	1			
You can use this box to give us further information on your access choice, or for your supervisor or Degree Committee to comment. For example, if you have selected the Time Limited Restricted Access level, explain				

why you have requested a restriction and the access level you would like when the restriction ends.