

## Thesis access confirmation form

Student Name:		USN:	
Department:		Supervisor name:	
Thes	is title:		
1.	nts should refer to the following information be The Office of Scholarly Communication information information information information informations://osc.cam.ac.uk/theses/access-cambrid The terms and conditions of any funding or s Students should consult their supervisor if the	mation on differen I <mark>ge-theses</mark> ponsorship receiv	t levels of access: ed during the student's research.
of acc Comn should	nts should discuss access levels with their sup- tiess for their thesis. If agreement is not possible nittee together with details of the nature of the did also be referred to the Degree Committee. The eturn the signed form to the student. Select from	pervisor and if pose, this form should disagreement. Ap	sible agree on the appropriate leventh be referred to the Degree plications for Restricted Access ittee will confirm the level of access
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	Embargoed Access (this will be for an initial period of 12 months with the option to extend for a further period)		
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	Time Limited Restricted Access, including pa	itents*	
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	ents and supervisors are signing to confirm that s and conditions of any funding or sponsorship		• •
	ent signature  Lovis Over		Date:
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Signed on behalf of the Degree Committee		•	Date:
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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 <a href="mailto:thesis@repository.cam.ac.uk">thesis@repository.cam.ac.uk</a>

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				

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