

DOCUMENT SUPPLY

Boston Spa, Wetherby West Yorkshire LS23 7BQ T +44 (0)1937 546229 F +44 (0) 1937 546286 www.bl.uk

BL CUSTOMER CODE	
request number	
ORDER NUMBER	

THESIS DECLARATION FORM (TDF)

A completed TDF signed by the person wishing to consult the	thesis must accompany requests for british
Theses with a D prefix. (Theses with a DX prefix do not need	a TDF.) Thesis No. D
UNIVERSITY	NAME OF AUTHOR
L TITLE OF THESIS	YEAR
THE OF THESIS	TEAR
I recognise that the copyright of the above-described thesis re which it was submitted, and that no quotation from it or infor without the prior written consent of the author or university (a NAME (in capitals)	mation derived from it may be published
NAME (III Capitais)	SIGNED
COMPANY/INSTITUTE NAME	_
	(to be signed by the person wishing to consult the thesis)
ADDRESS	DATE
	DSC-40 / 02/04/04