



Request for extension of thesis embargo

(This form is only to be completed for an extension once the normal 1- or 2-year period has lapsed)

Please type or write clearly in BLOCK LETTERS.

Section A: Student Information

Student Name: _____
First Name *Middle name/s or Initial* *Surname*

Student Number: _____ **Contact telephone number:** _____

E-mail Address: _____

Section B: Thesis Information

Degree: _____ **Graduation date (MM/YY):** _____

Department: _____ **Faculty:** _____

Supervisor: _____ **E-mail address:** _____

Co-Supervisor: _____ **E-mail address:** _____

TITLE OF THESIS: _____

Section C: E-copy information

Date of first submission of e-copy: _____ **Current embargo expiry date:** _____

Requested extension period (e.g. 12 months): _____ **Proposed new embargo expiry date:** _____

Motivation for extension of the embargo

Section D: Declaration

I declare that this request is made in good faith and that the thesis will be made publicly available through the Rhodes University Repository once the embargo period has expired, subject to University policy.

My supervisor has been informed of this request and supports the extension of the embargo period.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____

Section E: To be completed by the Registrar's Division

I am satisfied that all sections A – D have been completed.

The request for an extension on the embargo period has been approved? Yes/No (please circle)

SIGNATURE OF REGISTRAR: _____ DATE: _____