



## 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:** \_\_\_\_\_

Contact telephone number:

E-mail Address: \_\_\_\_\_

## Section B: Thesis Information

Degree: \_\_\_\_\_ Graduation date (MM/YY): \_\_\_\_\_

Graduation date (MM/YY):

Department: \_\_\_\_\_ Faculty: \_\_\_\_\_

Faculty:

**Supervisor:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

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:** \_\_\_\_\_

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: \_\_\_\_\_