

**Submission of Electronic Thesis & Dissertation (ETD)
Request for Extension of Restricted Access Option**

This request form must be completed and submitted to the Associate Provost (Graduate Education) for approval through the Head of Department and Dean of Faculty.

To be completed by Student	
Name (Mr/Ms/Miss/Mrs/Mdm/Dr):	Student No.:
Degree:	Department/Faculty:
Thesis Title:	
Year of Graduation:	
Total period of <u>extension</u> already granted for: <input type="checkbox"/> <i>Access Restricted to NUS Intranet for Limited Period; or</i> <input type="checkbox"/> <i>Total Restricted Access for Limited Period - _____.</i>	

In consultation with my supervisor, I request that NUS extend the restricted access option of my electronic thesis for the period as indicated below [**please check box**]:

- Access Restricted to NUS Intranet for Limited Period* - for an additional period from _____ (mm/yyyy) to _____ (mm/yyyy)¹; or
- Total Restricted Access for Limited Period* - for an additional period from _____ (mm/yyyy) to _____ (mm/yyyy)¹

¹ Each request for extension is for up to a maximum period of 2 years at a time. For further extensions, a new request must be submitted.

There must be valid reasons for requesting an extension for restricted access to your thesis. Refer to Notes at the end of the form for reference. Please specify your reason(s) in detail, attach separate sheet and supporting documents, where applicable):

Signature of Student

Date

Name and Signature of Supervisor

Date

Name and Signature of Supervisor

Date

Name and Signature of Supervisor

Date

To be completed by Head of Department and Dean of Faculty	
The request for an extension of the period for restricted access (NUS Intranet / Total Restricted Access) to the thesis is [<i>please check box</i>]:	
<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported Comments (if any): 	
_____	_____
Name & Signature of Head	Date
<input type="checkbox"/> Supported <input type="checkbox"/> Not Supported Comments (if any): 	
_____	_____
Name & Signature of Dean	Date

To be completed by Associate Provost (Graduate Education)	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments (if any): 	
_____	_____
Name & Signature of Associate Provost (Graduate Education)	Date

Note:

There must be valid reasons for requesting an extension for restricted access to your thesis. The reasons include:

- Thesis includes creative work which will be published
- Thesis will be published as a book, a series of articles or as monograph, and release on the Internet will be construed as prior publication
- Thesis contains or might contain proprietary/confidential information which the student/supervisor(s) wants to incorporate into a patent application and has not been done
- Thesis contains third party proprietary/confidential intellectual property (including without limitation to patent(s) and/or software) and has not obtained the relevant consent
- Other reasons which student/supervisor would need to specify on this form