**Confidentiality Request Form**

**For Submission of HDR Thesis for examination**

**UTS: Graduate Research School** [**grs@uts.edu.au**](mailto:grs@uts.edu.au) **Level 2, Building 15, 622-632 Harris Street, Ultimo**

**tel: 02 9514 1336**

A confidentiality request requires the University to enter into a non-disclosure agreement with the thesis examiners.

Please ensure the confidentiality request is discussed and is supported by the Principal Supervisor (or relevant supervisor if Principal Supervisor is unavailable) and the request is endorsed by the Faculty Responsible Academic Officer.

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| **1. Personal information** |

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| **Surname** |  | **First name** |  |
| **Faculty** |  | **Course name** |  |
| **Student ID** |  |  | |

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| **2. Confidentiality Details** |

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| **Thesis title** |  |

**Reason for confidentiality request\***

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**Student Signature** **Date**

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| **3. Supervisor Approval** |

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| **Principal**  **Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |  |  |  |
| **Co-Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
| **Comments** | | | |
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| *I endorse the above statements of the supervisor/s.* | | | |
| **Responsible Academic Officer** |  |  |  |
|  | **Name** | **Signature** | **Date** |
| **Comments** | | | |
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| **Graduate Research School section** |

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| **Dean, Graduate Research School** | | | | | |
|  | **Approved** |  | **Not Approved** | | |
|  | | | |  |  |
| **Signature** | | | | **Date** |  |

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| **Comments** |
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