**REQUEST FOR MORATORIUM PREVENTING CONSULTATION, LOAN OR PHOTOCOPYING OF THESIS**

NOTES

1. University Regulation 20.6.19 (Regulations for Higher Degrees) states that “At the request of the author of the thesis or the supervisor and notwithstanding Regulations 20.1 – 20.5 a moratorium may be imposed by the appropriate Head of Department preventing the consultation, loan and reproduction of the thesis and any supplementary material for a maximum period of two years from the date of the award in respect of which the thesis was submitted. In exceptional circumstances, the period of moratorium may subsequently be extended for a further maximum period of up to three years by the Quality Assurance Committee.”

2. Research data relating to a thesis should be made openly available or restricted as necessary in line with an adequately justified case and any relevant funder or collaborator expectations. Accordingly, a moratorium should only be requested where restrictions to research data can be adequately justified. Necessary restrictions to research data should be justified as part of any data management plan as required by the funder.

3. Until the expiry of the moratorium, only the information contained in the title page will be disclosed.

4. This form provides for either the first request for a moratorium or a request for a subsequent extension of the period, by completion of the appropriate parts. On completion it should be returned to Student Business, Student Lifecycle Services, McCance Building.

PART 1 – THESIS (to be completed by the author)

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Thesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART 2 – FIRST REQUEST (to be completed by the Author or Supervisor and by the Head of Department)

I request a moratorium under the provisions of University Regulation 20.6.19 preventing the consultation, loan or photocopying of the Thesis for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* years.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*in block*) (*Author or Supervisor*)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HoD Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*in block*)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*insert the number of years required which may not exceed **two**.

PART 3 – REQUEST FOR EXTENSION (to be completed by the Author or Supervisor and by the Head of Department)

I request that the moratorium authorised above under the terms of University Regulation 20.6.19 should be extended for a further period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* years from the date of expiry of the original period.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*in block*) (*Author or Supervisor*)

\*insert the number of years required which may not exceed **three**.

I authorise extension of the moratorium on the thesis named above as requested.

HoD Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*in block*)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST MORATORIUM 2017**