

Academic Thesis Confidentiality Agreement

Parties

Student Name

Student ID

Supervisor Name

Department

Thesis Information

Thesis Title

Period of Confidentiality (e.g., 12 months)

Agreement

I, the undersigned, acknowledge that the thesis titled above contains confidential information. I agree not to disclose or use any part of this thesis, except as permitted, and to protect all confidential materials in accordance with institutional policies. I understand the obligations described above and agree to comply for the period specified.

Student Signature

Date

Supervisor Signature

Date