

# Thesis/Dissertation Confidentiality Form

## For Sensitive Research Material

Student Name

Student ID

Department

Degree Program

Thesis/Dissertation Title

Supervisor(s)

Reason for Confidentiality Request (briefly describe the nature of the sensitive research):

Requested Duration of Confidentiality (e.g., 1 year, 2 years):

Additional Information or Conditions (if any):

I, the undersigned, hereby request that my thesis/dissertation be treated as confidential and not be made publicly available for the duration specified above due to the sensitive nature of the research. I understand the institutional policies regarding confidential theses/dissertations and agree to abide by them.

Student Signature

Date

Supervisor Signature

Date