EMBARGO REQUEST FORM (FOR EMBARGOES OVER TWO YEARS):

**Additional Supervisor Comments:**

**Justification for Embargo:**

*(Please include information regarding the need for the extended embargo, such as potential risks to minority groups or breaches of contracts or confidentiality arrangements. If external documentation is relevant, please submit it alongside this form to* *doctoralschool@royalholloway.ac.uk*

**DATE:**

**STUDENT:**

**SUPERVISOR:**

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**………………………………..**

**DATE:**

**………………………………..**

**………………………………..**

**Student Name:**

**Student ID:**

**Supervisor:**

**Thesis Title:**

**Length of Embargo:**