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DEGREE:	PROGRAM:
THESIS TITLE:	DATE OF SUBMISSION TO ARCA:
EXPIRY DATE OF CURRENT EMBARGO:	EXTENSION LENGTH REQUESTED (USUALLY 6 MONTHS):

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By signing below, we confirm that we request an extension to the embargo of the above named thesis. We accept responsibility for contacting the Office of Research and Graduate Studies in writing no later than two months before the release date, if we decide to request a further extension.

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The Office of Research and Graduate Studies approves / does not approve extending the delay in publication of the thesis, as noted.

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