Form RDC-CA-I (2024)

# OXFORD BROOKES UNIVERSITY

# RESEARCH DEGREES SUB-COMMITTEE

Confidentiality Agreement for Internal Research Degree Examiners

This form should be completed by all internal examiners who are about to examine a research degree candidate who has requested that the thesis be held on restricted access for a period of time after the completion of the work. The completed form should be submitted with the application for approval of examination arrangements (form RDC-E).

### The candidate

Full name:

Final title of thesis:

Degree:

Name of any collaborating establishment(s):

Date of submission:

**Agreement:**

I agree that as an internal examiner for this candidate,

1. I shall not communicate any part of the written contents of any written work received by me in connection with the Examination or any oral disclosures made to me during the viva (the “Confidential Information”) to any unauthorized persons external to the Examination Process for the period of time indicated in Section 2.
2. I shall not copy or reproduce any part of the Confidential Information except as may be reasonably necessary for the Examination Process and I agree that any such copies or reproductions shall be the property of the University.
3. I shall use the same level of security and degree of care in respect of the Confidential Information as I apply to my own confidential or proprietary information.
4. to return to the University or destroy the Confidential Information and all copies or reproductions of it at the completion of the Examination Process or within twenty calendar days of a written request from the University if earlier.

### Period of Confidentiality

Period of confidentiality requested from …………………………………………… to

……………………………………………

### 3 The examiners

**3.1** Internal examiner(s) (include name, qualifications, post held and place of work):

a)

b)

Signed a) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . .

 b) . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . Date . . . . . . . . .. . . . . . . . . . . . . . . .

### 4 Recommendation on behalf of the Research Degrees Committee

On behalf of the Research Degrees Committee I support this application.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . .

(Chair / Vice-Chair / of the Subject Sub-Committee of the Research Degrees Committee)