



NOTIFICATION OF THESIS DEPOSITION
DEPARTMENT OF GEOGRAPHY, PLANNING AND ENVIRONMENT
M.Sc. in GEOGRAPHY, URBAN AND ENVIRONMENTAL STUDIES

Name of candidate _____	ID # _____
Thesis supervisor _____	Co-supervisor (if any) _____
Title of thesis _____	

I am informing you that I will submit one copy of my thesis to the School of Graduate Studies and two copies to the Department (three if there is a co-supervisor) approximately on _____
date

Suggested name of internal reviewer (one of the two members of the Graduate Committee): _____

Suggested names of external reviewer (must be external to the Department):

1. _____
Name *e-mail address*

2. _____
Name *e-mail address*

- This form must be filled out by the candidate one month prior to the thesis deposition.
- Please submit the signed original copy to the Graduate Program Director and a photocopy to the thesis supervisor(s).
- Please make sure to follow the format guidelines for Concordia University theses available on the web site of the School of Graduate Studies (<http://graduatestudies.concordia.ca/documents/formsandpublications/graduatehandbooks/thesispreparationguide.pdf>).

Signature of candidate

Signature of supervisor

Date