

Concordia University - School of Graduate Studies

Doctoral/Master's Thesis Submission Form

This form must be completed and signed by the student upon the initial submission of the thesis to the Thesis Office.

Please print.

Name of Student: _____

Student ID: _____

Email Address: _____

Department: _____

Title of Thesis: _____

Thesis Supervisor(s): _____

I understand that the initial submission of my thesis to the Thesis Office indicates that it is suitable to be officially and formally examined by the Examining Committee as is appointed by my department/faculty.

Signature of Student: _____

Date: _____