

Notification of Thesis Deposition
Department of Geography, Planning and Environment

Name of Candidate: _____	ID#: _____
Thesis Supervisor: _____	
Co-Supervisor (if any): _____	
Title of Thesis: _____	
<i>(please print)</i>	

I am informing the department that I will submit a copy of my thesis in both Word and .PDF formats to the GPA by _____, because I would like to defend my thesis by/on _____.

(Date) *(Date)*

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

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

1.	Name	E-mail Address
2.	Name	E-mail Address

I consent to having my thesis defence announced on the Department of Geography's Facebook page Yes No

- This form must be filled out by the candidate at least one month prior to the thesis defence.
- Please submit to the Graduate Program Assistant.
- Please make sure to follow the format guidelines for Concordia University theses available on the web site of the School of Graduate Studies (<http://www.concordia.ca/content/dam/sgs/docs/handbooks/thesispreparationguide.pdf>).

Signature of Candidate	Signature of Supervisor	Date
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