

Notification of Thesis Deposition
Department of Geography, Planning and Environment

Name of Candidate: _____ ID#: _____

Thesis Supervisor: _____

Co-Supervisor (if any): _____

Title of Thesis:
(please print) _____

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
------	---------------

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
------------------------	-------------------------	------