

Doctoral Thesis Submission Form

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

Student ID:

Name of Student:

Email Address:

Program:

Thesis Title:

Thesis Supervisor:

- 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.
- I received consent from my supervisor(s) to submit my initial thesis to the Thesis Office.
- 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.
- I am familiar with the [Academic Code of Conduct](#) at Concordia University and I understand the potential consequences should my thesis be found to contain plagiarized content or violate this policy in any other way. I further confirm that the research contained in this thesis is compliant with Concordia's policies on Research Ethics ([VPRGS-3](#), [VPRGS-13](#)) and Intellectual Property ([VPRGS-9](#)) as appropriate.

Student Signature:

Date:
