Thesis Submission Form

Tentative defence date and statement of the supervisor

You must submit this form along with the PDF copy of your thesis by <u>Service Request</u> under the Submission thesis Evaluation category

Note: All defences at the Faculty of Medicine will be scheduled at Roger Guindon Hall (RGN).

Student Identification							
FIRST NAME LAST NAME				STUDENT NUMBER			
NAME OF SUPERVISOR			1	NAME OF CO-SUPERVISOR (IF APPLICABLE)			
Graduate program:	Level:	MSc	PhD				
	Program:	ВСН	СММ	СТМ	EPI	MIC	NSC
Thesis Defence Information The information below has been chosen in consultation with all the examine and supervisor(s).							n with all the examiners
Tentative Defence Date: DATE (YYYY-MM-DD) START TIME							
As of January 1 st , 2025, the thesis committee will have to be in person, including the student. Only the PhD external examiner will have the option of participating online*.							
*(PhD only) For this def	ence, the ext e	ernal examiner w	ill be atten	ding:	n-Person	Onlin	e (Link created by GPSO)
The Graduate and Postdoctoral Studies Office reserves the right to request a new defence date if it does not conform to the guidelines or if a significant delay occurs during the evaluation process.							
Statement of the Supervisor(s)							
As the thesis supervis thesis for evaluation.	sor(s), I con	firm that I have	e reviewe	ed the thes	sis and tha	at the stud	ent may submit their
SIGNATURE (SUPERVISOR)				DATE (YYYY-MM-DD)			
SIGNATI	JRE (CO-SUPERVISOR)			DATE (YYY	Y-MM-DD)	<u> </u>