THESIS NON-EXCLUSIVE LICENSE

AUTHOR'S NAME: _____ _____ _____
LAST NAME FIRST NAME INITIALS

AUTHOR S DATE OF BIRTH: _____ /_____/_____/
MONTH / DAY / YEAR

MCGILL EMAIL ADDRESS: _____ ___ STUDENT NUMBER: _____

PERMANENT ADDRESS: _____
COUNTRY

MCGILL UNIT: _____ FACULTY: _____

DEGREE SOUGHT: _____

TITLE OF THESIS:

I hereby promise that I am author of the thesis above cited.

I confirm that my thesis is my original work, does not infringe any rights of others, and that I have the right to make the grant conferred by this non-