

## TORONTO METROPOLITAN UNIVERSITY THESIS/DISSERTATION NON-EXCLUSIVE LICENSE

Last Name:		
First Name, Middle Name (if applicable):		
Name of University: Toronto Metropolitan University	Date Degree Awarde	
Degree for which thesis/dissertation was presented (MA, MASc, PhD etc):		
Faculty/Department/School:		
Thesis/Dissertation Title:		
Year of Birth: Note: (It is optional to supply your year of birth. If you choose to do so please note that the information will be included in the bibliographic record for your thesis/dissertation.)		
Declaration In consideration of my university making my thesis/dissertation available to interested persons, I,		
Student Signature:		Date:

This form updated: July, 2025 Toronto Metropolitan University