Form 3

M. A. (Critical Disability Studies)
Faculty of Graduate Studies
York University

Change of Supervisory Committee

Student's Name: _____ **Student ID #:** _____

Tentative Title of Major Research Paper:

Which Supervisory Committee member has been changed?

☐ Supervisor ☐ Advisor

Fill out the following.

Supervisory Committee Member	**Member of York Graduate Program in** *(List program relevant to current supervision;* See the programme faculty listing at **www.yorku.ca/gradcdis/faculty.html** or FGS Appointment list at **www.yorku.ca/grads/faculty**. Click on "Faculty Members" and choose the URL called "List of faculty members appointed to the Faculty of Graduate Studies".)	**Date** (DDMMYY)	**Supervisory Committee Approval** *(Please sign or attach e-mail acknowledging the agreement of being a committee member.)*
Outgoing Member:			
Incoming Member:			

_____ _____
Graduate Program Director's Signature **Date Approved**

Student submits this form, along with an 1- to 2-page research outline to the Graduate Program Office as soon a change occurs.