

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

Change of MRP 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 (Full or Associate Member in Critical Disability Studies faculty listing or FGS Appointment list at https://gradstudies.yorku.ca/faculty-staff/academic-affairs/faculty-membership/ .)	Date (DDMMYY)	Supervisory Committee Approval <i>(Please sign or attach e-mail acknowledging the agreement of being a committee member.)</i>
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.