

**PhD (Critical Disability Studies)
Faculty of Graduate Studies
York University**

Change of Comprehensive Supervisor Committee

Student's Name: _____

Student ID #: _____

Tentative Title of Major Research Paper:

Which Supervisory Committee member has been changed?

Comp Supervisor #1
 Comp Supervisor #2
 Comp Supervisor #3

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.