

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

Notification of MRP Supervisor and Advisor

Student: _____ **ID #:** _____

Tentative Title of Research Proposal:
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Supervisor's Name: _____

Member of York Graduate Program in CDIS program
(List program relevant to current supervision as Full or Associate member; faculty listing on the [Critical Disability Studies website](#) _____

Supervisor's Signature:
(Please sign or attach e-mail acknowledging the agreement of being a MRP supervisor.) _____

Date Signed: _____

Advisor's Name: _____

Member of York Graduate Program
(List program relevant to Full/Associate or Adjunct membership on Faculty [webpage](#) or see FGS Appointment list by visiting this [link](#) _____

Advisor's Signature:
(Please sign or attach e-mail acknowledging the agreement of being a MRP Advisor.) _____

Date Signed: _____

Graduate Program Director's Signature

Date Approved

Student submits this form to the Graduate Program Office.