

Doctoral Program in Critical Disability Studies

York University

**Notification of Comprehensive Paper Supervisors**

**Student:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**COMPREHENSIVE PAPER #1**

**Title:** \_\_\_\_\_ **Critical Theory in Disability Studies**

**Supervisor:** \_\_\_\_\_

**Supervisor's Signature:**  
*(Please sign or attach e-mail acknowledging the agreement of being a committee member.)* \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**COMPREHENSIVE PAPER #2**

**Title:** \_\_\_\_\_

**Field:** \_\_\_\_\_ **Human Rights and Social Justice**

**Supervisor:** \_\_\_\_\_

**Supervisor's Signature:**  
*(Please sign or attach e-mail acknowledging the agreement of being a committee member.)* \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**COMPREHENSIVE PAPER #3**

**Title:** \_\_\_\_\_

**Field:** \_\_\_\_\_ **Social Policy**

**Supervisor:** \_\_\_\_\_

**Supervisor's Signature:**  
*(Please sign or attach e-mail acknowledging the agreement of being a committee member.)* \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

\_\_\_\_\_  
**Graduate Program Director's Signature**

\_\_\_\_\_  
**Date Approved**

**Student submits this form to the Graduate Program Office upon completion.**