

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.