

**Doctoral Program in Critical Disability Studies**

**York University**

**Notification of Comprehensive Paper Supervisors**

**Student:** \_\_\_\_\_

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

**MAJOR:**

**MINOR:**

**Special Format** (comment on whether a research creation, artistic work, teaching materials, etc. are a part of the comprehensive requirement (fill in after consultation with comp supervisors)

**COMPREHENSIVE PAPER #1**

**Title:**

**Field:**

**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:**

**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.**