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| **image of the York University logo**  **FACULTY OF Graduate Studies**  **Graduate Program**  **in Psychology**  297 Behavioural  Science Bldg.  4700 Keele St.  Toronto ON  Canada M3J 1P3  Tel 416 736 5290  Fax 416 736 5814  www.psychology.gradstudies.yorku.ca | Student Petition: Area Approved Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Studies: (e.g. Ph.D. 1) \_\_\_\_\_\_\_\_\_  Nature of Request:  Reasons of Request:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature Supervisor’s Signature  (indicating approval)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area Coordinator’s Signature  (indicating area approval)  This request is \_\_\_\_\_\_\_ approved \_\_\_\_\_\_\_\_ not approved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director’s signature Date  If not approved, give reasons for not approving.  If this petition is denied, the student may request that the matter be taken to the Programme Executive Committee. The student has the right to have his/her supervisor and any other person present at the meeting. He/she has the right to request that no student executive committee members be present if he/she wishes the matter to remain private. |
|  | grey scale image of the York University Coat of Arms |