

PhD Program in Health
York University

Notification of Comprehensive Paper Supervisors

Student: _____ ID #: _____

COMPREHENSIVE PAPER #1

Title: _____

Supervisor: _____

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

Date Signed: _____

COMPREHENSIVE PAPER #2

Title: _____

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

Students are required to submit this notification form to the Graduate Program Office and gain approval from the Graduate Program Director prior to writing the 2 comprehensive papers.