

M. A. (Health)
Faculty of Graduate Studies
York University

Notification of MRP Supervisor and Advisor

Student: _____ **ID #:** _____
Program Field: _____

Tentative Title of Research Proposal:

Supervisor's Name: _____

Member of York Graduate Program in
(Appointed to Full or Associate Member in Health program)
See the faculty listing on the [Health website](#) _____

Program Area of Specialty (select one): _____

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

Date Signed: _____

Advisor's Name: _____

Member of York Graduate Program in
(Appointed to Full, Associate or Adjunct member in Health)
See the faculty listing on the [Health website](#) or see the FGS Appointment list by visiting this [link](#) _____

Program Area of Specialty (select one): _____

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

Date Signed: _____

Graduate Program Director's Signature

Date Approved

Student submits this form, along with a 1- to 2-page research outline to the Health Graduate Program Office.

Instructions:

1. It is the graduate student's responsibility to obtain the original signature or print and attach emails from your supervisor/advisor agreeing to serve in each role.
2. This form (and emails, if applicable) is submitted immediately to the graduate office, when both faculty members are in agreement.