

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

Change of Supervisory Committee

Student's Name: _____ Student ID #: _____

Tentative Title of Major Research Paper:

Which Supervisory Committee member has been changed?

Supervisor Advisor

Fill out the following.			
Supervisory Committee Member	Member of York Graduate Program in <i>(List program relevant to current supervision; See the Health Graduate Program faculty listing at www.yorku.ca/gradhlth/faculty.html or FGS Appointment list at www.yorku.ca/grads/council/graduate_faculty_members2.php)</i>	Date (DDMMYY)	Supervisory Committee Approval <i>(Please sign or attach e-mail acknowledging the agreement of being a committee member.)</i>
Outgoing Member:			
Incoming Member:			

Graduate Program Director's Signature

Date Approved

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

