

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

Notification of MRP Supervisor and Advisor

Student: _____ ID #: _____

Tentative Title of Research Proposal:

Supervisor's Name:

Member of York Graduate Program in
(List program relevant to current supervision;
See the faculty listing on the [Health Website](#)

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
(List program relevant to current supervision;
See the faculty listing on our program [webpage](#) or see the FGS
Appointment list by visiting this [link](#)

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 an 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.