

**YORK UNIVERSITY
GRADUATE PROGRAM IN SOCIOLOGY
M E M O R A N D U M**

To: Director, Graduate Program in Sociology

From: Research Review Paper Supervisory Committee

Re: Approval of Research Review Paper Proposal

Date:

Name of Student:

Student No.:

Title of Research Review Paper Proposal *(please attach a copy of the proposal to this form):*

This will confirm that the student's Supervisory Committee has approved the Research Review Paper Proposal. The RRP proposal was approved on:

Please note that RRP proposals must be approved and submitted to the program office at least 3 months prior to the RRP defense.

Supervisor:

Supervisor's Signature:

Committee Member:

Member's Signature:

Committee Member *(if applicable):*

Member's Signature: