

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

To: Director, Graduate Program in Sociology

From: Comprehensive Committee

Re: Examination of Comprehensives

Date:

Name of Student:

Student No:

This will confirm that the above student has successfully completed an oral examination of their Comprehensive(s). A copy of the comprehensive is attached to this memo.

Field Requirement Completed in:

Date of Exam:

Method by Which Comprehensive Was Completed:

Supervisor:

Supervisor's Signature

Committee Member:

Committee Member's Signature:

Committee Member:

Committee Member's Signature:

Committee Member (if applicable):

Committee Member's Signature (if applicable):