

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

To: Director, Graduate Program in Sociology

From: Supervisory Committee

Re: Examination of Research Review Paper

Date:

Name of Student:

Student No.:

Title of Research Review Paper (please attach a copy of the final RRP to this form):

This will confirm that the above student has successfully completed an oral examination of the Research Review Paper. The examination was held on:

No oral examination of the Research Review Paper was required. The date on which the RRP was approved by all committees is:

Supervisor:

Supervisor's Signature:

Committee Member:

Committee Member's Signature:

Committee Member (if applicable):

Committee Member's Signature (if applicable):