

**REQUEST FOR SCHEDULING OF
DISSERTATION PROPOSAL/COMPREHENSIVE EXAMINATION**

Graduate Program in Education - Faculty of Graduate Studies - York University

Doctoral Candidate: _____

Title of PROPOSAL:

Chair's (Supervisor's) Name: _____

Chair's (Supervisor's) Signature: _____

Committee Member's Name: _____

Committee Member's Name: _____

Time and Date of exam: _____

Room: _____

Date form submitted: _____

Note: This form cannot be submitted until the *Dissertation Proposal* has been received and approved by the Supervisor and by each Committee member.