



Notice of Field of Study Oral Examination

This form must be used when a Candidacy component requires an examination committee.

Please note that the form is to be kept at the program and forwarded to the Faculty of Graduate Studies only if there is an appeal of a failed examination.

Student and Examination Information

Name of Student: **Diogo Marques** UCID:
Department/Program: **MDSC**
Degree: **PhD** Specialization: **Molecular & Medical Genetics**
Date and Time of Examination: **August 24, 2021 @ 1:00PM**
Place of Examination: **Zoom**
Examining Committee: **Dr. Pierre-Yves von der Weid, Neutral Chair**
Dr. Dr. Chad Bousman, Supervisor, MDSC
Dr. Steven Greenway, Co-Supervisor, MDSC
Dr. Wendy Dean, Supervisory Committee, MDBC
Dr. Myriam Hemberger, Supervisory Committee, MDBC
Dr. Marco Gallo, Internal Examiner, MDBC
Dr. Jess Fiedorowicz, External Examiner

Acknowledgment

I am aware of, and have agreed to these arrangements.

Date: *Student Signature:*

Date: *Supervisor Signature:*

Date: *Co-Supervisor Signature:*

The Graduate Program Director's signature below approves the membership of the examination committee.

Date: *Graduate Program Director Signature:*