



Notice of Field of Study Exam

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

Student and Examination Information

Name of Student: **Danielle Fox** Date: October 7, 2021
Department/Program: **MDCH**
Degree: **PhD** Specialization: **HSR**
Date and Time of Examination: **November 18, 2021 at 1 pm MST**
Place of Examination: **Zoom**
Examining Committee: Shan Liao, Neutral Chair
Robert Quinn, Supervisor
David Campbell, Co-Supervisor
Kathryn King-Shier, Supervisory Committee
Pietro Ravani, Supervisory Committee
Deirdre McCaughey, Internal Examiner
Sofia Ahmed, 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: _____