



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: **Amanda Roze des Ordon** Date: August 6, 2021
Department/Program: **MDCH**
Degree: **PhD** Specialization: **Medical Education**
Date and Time of Examination: **November 8, 2021 at 9 am MST**
Place of Examination: **Zoom**
Examining Committee:
Bonnie Lashewicz, Neutral Chair
Rachel Ellaway, Supervisor
Pamela Roach, Supervisory Committee
Todd Hill, Supervisory Committee
Aliya Kassam, Supervisory Committee
Suzette Cooke, Internal Examiner
Laura Nimmon, 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:*