



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: **Brian Lozinski**

Department/Program: **MDNS**

Degree: **PhD** Specialization:

Date and Time of Examination: **October 23, 2020 at 2:00 p.m.**

Place of Examination: **Zoom Meeting**

Examining Committee:

- Dr. Davide Martino, Neutral Chair**
- Dr. Wee Yong, Supervisor**
- Dr. Hedwich Kuipers, Supervisory Committee**
- Dr. Keith Sharkey, Supervisory Committee**
- Dr. Grant Gordon, Internal Examiner**
- Dr. Jeff Biernaskie, 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:* _____