



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: **Renaud Gom**

Department/Program: **MDNS**

Degree: **PhD** Specialization:

Date and Time of Examination: **November 30, 2020 at 9:00 a.m.**

Place of Examination: **Zoom**

Examining Committee:

- Dr. Ray Turner, Neutral Chair**
- Dr. Cam Teskey, Supervisor**
- Dr. Matthew Hill, Supervisory Committee**
- Dr. Paolo Federico, Supervisory Committee**
- Dr. Tuan Trang, Internal Examiner**
- Dr. Stephanie Borgland, 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:* _____