



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: **Jacqueline Reid**
Department/Program: **MDNS**
Degree: **PhD** Specialization:
Date and Time of Examination: **December 14, 2020 at 10:00 a.m.**
Place of Examination: **Zoom**
Examining Committee: **Dr. Kara Murias, Neutral Chair**
Dr. Hedwich Kuipers, Supervisor
Dr. Wee V. Yong, Co-Supervisor
Dr. Frank Jirik, Supervisory Committee
Dr. Grant Gordon, Supervisory Committee
Dr. Deborah Kurrasch, Internal Examiner
Dr. Richard Dyke, 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:*