



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: **Kate Godfrey**

Department/Program: **MDNS**

Degree: **PhD** Specialization:

Date and Time of Examination: **December 17, 2020 at 9:00 a.m.**

Place of Examination: **Zoom**

Examining Committee: **Dr. Alex Lohman, Neutral Chair**
Dr. Signe Bray, Supervisor
Dr. Ashley Harris, Co-Supervisor
Dr. Andrea Protzner, Supervisory Committee
Dr. Carly McMorris, Supervisory Committee
Dr. Kent Hecker, Internal Examiner
Dr. Penny Pexman, 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:*