



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: **Trevor Low**

Department/Program: **MDNS**

Degree: **PhD** Specialization:

Date and Time of Examination: **December 19, 2019 at 1:00 p.m.**

Place of Examination: **HSC G746**

Examining Committee:

- Dr. Elizabeth Condliffe, Neutral Chair**
- Dr. Sean Dukelow, Supervisor**
- Dr. Adam Kirton, Supervisory Committee**
- Dr. Bradley Goodyear, Supervisory Committee**
- Dr. Eric Smith, Internal Examiner**
- Dr. Catherine Lebel, 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:* _____