



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: Lydia Kuhl UCID:

Department/Program: MDNS

Degree: **PhD** Specialization:

Date and Time of Examination: **December 13, 2021 @ 2pm**

Place of Examination: Remote (Zoom)

Examining Committee:
Dr. Ray Turner, Neutral Chair
Dr. Sean Dukelow, Supervisor
Dr. Tyler Cluff, Supervisory Committee
Dr. Troy Herter, Supervisory Committee
Dr. Fiona Costello, Internal Examiner
Dr. Andrea Protzner, 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:*