



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: Maya Sohn UCID: [REDACTED]
Department/Program: 10172932
Degree: **PhD** Specialization: Medical Imaging
Date and Time of Examination: November 28, 2022, 10A-1P
Place of Examination: HSC G344 (all in-person)
Examining Committee: **Dr. Mark Giembycz, Neutral Chair**
Dr. Alexander McGirr, Supervisor
Dr. Signe Bray Co-Supervisor
Dr. Carly McMorris, Supervisory Committee
Dr. Catherine Lebel, Supervisory Committee
Dr. Andrew Bulloch, Internal Examiner
Dr. Eric Chan, 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:*