



## 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: **William Wilson**

Department/Program: **Neuroscience**

Degree: **PhD** Specialization:

Date and Time of Examination: **November 28, 2019 at 9:00 a.m.**

Place of Examination: **HSC G344**

Examining Committee: **Dr. Richard Hawkes, Neutral Chair**  
**Dr. Paolo Federico, Supervisor**  
**Dr. Gordon Campbell Teskey, Supervisory Committee**  
**Dr. Bruce Pike, Supervisory Committee**  
**Dr. Colin Josephson, Supervisory Committee**  
**Dr. Samuel Pichardo, Internal Examiner**  
**Dr. Morris Scantlebury, 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:*

