



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: **Colten Chipak** UCID: XXXXXXXXXX
Department/Program: **MDNS**
Degree: **PhD** Specialization: **N/A**
Date and Time of Examination: **Thursday, April 6th @ 9:00am (MST)**
Place of Examination: **HSC G744**
Examining Committee: **Dr. Satish Raj, Neutral Chair**
Dr. Jiami Guo, Supervisor
Dr. Roger Thompson, Co-Supervisor
Dr. Sarah McFarlane, Supervisory Committee
Dr. Grant Gordon, Supervisory Committee
Dr. G. Campbell Teskey, Internal Examiner
Dr. Guang Yang, 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:*