



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: **Dorsa Moezzi** UCID:
Department/Program: **MDNS**
Degree: **PhD** Specialization: N/A
Date and Time of Examination: **December 14th, 2022 @ 2:00pm**
Place of Examination: **HSC G746**
Examining Committee:
TBD, Neutral Chair
Dr. V. Wee Yong , Supervisor
Dr. Jeff Dunn, Supervisory Committee
Dr. Carlos Camara-Lemarroy, Supervisory Committee
Dr. Roger J. Thompson, Internal Examiner
Dr. Willem Carel Wildering, 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:*