



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: Kyle Heemsker UCID: [REDACTED]
Department/Program: Medical Science
Degree: **PhD** Specialization:
Date and Time of Examination: **Dec. 19, 2022, 2:00 PM**
Place of Examination: Online
Examining Committee: **Dr. Deborah Dewey, Neutral Chair**
Dr. Sam Weiss, Supervisor
Dr. Artee Luchman, Co-Supervisor
Dr. Marco Gallo, Supervisory Committee
Dr. Sorana Morrissy, Supervisory Committee
Dr. Ernesta Paola Neri, Internal Examiner
Dr. Savraj Grewel, 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:*