



## 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: Shefali Rai

Department/Program: MDNS

Degree: **PhD** Specialization: Medical Imaging

Date and Time of Examination: **January 26, 2022 @ 9:30am**

Place of Examination: Zoom

Examining Committee:  
**Dr. Yunyan Zhang, Neutral Chair**  
**Dr. Signe Bray, Supervisor**  
**Dr. Ashley Harris, Supervisory Committee**  
**Dr. Roberto Sotero-Diaz, Supervisory Committee**  
**Dr. Helen Carlson, Internal Examiner**  
**Dr. Pierre Levan, External Examiner**

### Acknowledgment

**I am aware of, and have agreed to these arrangements.**

*Date:* Dec 10, 2021

*Student Signature:*

*Date:* Dec 9 2021

*Supervisor Signature:*

*Date:*

*Co-Supervisor Signature:*

**The Graduate Program Director's signature** below approves the membership of the examination committee.

*Date:* Dec 10, 2021

*Graduate Program Director Signature:*