

**Notice of Field of Study Exam**

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| **Student and Examination Information** |
| Name of Student: | **Catherine Patocka** | Date: September 23, 2020 |
| Department/Program: | **MDCH** |
| Degree: | **PhD** | **Specialization: Medical Education** |
| Date and Time of Examination:  | **October 29, 2020 at 9 am** |
| Place of Examination: | **Zoom** |
| Examining Committee: | Alexandra Harrison, Neutral ChairRachel Ellaway, SupervisorLara Cooke, Supervisory Committee Irene Ma, Supervisory CommitteeJocelyn Lockyer, Internal ExaminerMichele Jacobsen, External Examiner |
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| **Acknowledgment**  |
| **I am aware of, and have agreed to these arrangements.***Date:*       *Student Signature:* |
| *Date:*       *Supervisor Signature:* |
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| **The Graduate Program Director's signature** below approves the membership of the examination committee.*Date:*  *Graduate Program Director Signature:* |