

**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 Chair  Rachel Ellaway, Supervisor  Lara Cooke, Supervisory Committee  Irene Ma, Supervisory Committee  Jocelyn Lockyer, Internal Examiner  Michele 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:* | | | | |