



## Notice of Field of Study Exam

### Student and Examination Information

Name of Student: **Levi Frehlich** Date: Oct 1/20  
Department/Program: **MDCH**  
Degree: **PhD** Specialization: **Epidemiology**  
Date and Time of Examination: **January 18, 2021 -12 pm**  
Place of Examination: **Zoom**  
Examining Committee:  
Jocelyn Lockyer, Neutral Chair  
Gavin McCormack, Supervisor  
Tanvir Chowdhury, Supervisory Committee  
Patricia Doyle-Baker, Supervisory Committee  
Fabiola Aparicio-Ting, Internal Examiner  
Nicole Culos-Reed, 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:*