

**Notice of Field of Study Exam**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Student and Examination Information** | | | | |
| Name of Student: | **Tate HubkaRao** | | | Date: March 16, 2021 |
| Department/Program: | **MDCH** | | | |
| Degree: | **PhD** | | Specialization: **Epidemiology** | |
| Date and Time of Examination: | | | **Thursday, June 17, 2021 at 1 pm MT** | |
| Place of Examination: | | | **ZOOM** | |
| Examining Committee: | | Dr. Jocelyn Lockyer, Neutral Chair  Dr. Brent Hagel, Supervisor  Dr Marie-Soleil Cloutier, Supervisory Committee  Dr. Alberto Nettel-Aguirre, Supervisory Committee  Dr. Turin Chowdhury, Internal Examiner  Dr. Lina Kattan, 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:* | | | | |