

**Notice of Field of Study Exam**

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| **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 ChairDr. Brent Hagel, SupervisorDr Marie-Soleil Cloutier, Supervisory CommitteeDr. Alberto Nettel-Aguirre, Supervisory Committee Dr. Turin Chowdhury, Internal ExaminerDr. Lina Kattan, External Examiner |
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| **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:* |