

**Notice of Field of Study Exam**

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| ***This form must be used when a Candidacy component requires an examination committee.***  ***Please note that the form is to be kept at the program and forwarded to the Faculty of Graduate Studies only if there is an appeal of a failed examination.*** | | | | |
| **Student and Examination Information** | | | | |
| Name of Student: | **Jamie Benham** | | | Date: Sept 2/20 |
| Department/Program: | **MDCH** | | | |
| Degree: | **PhD** | | Specialization: Epidemiology | |
| Date and Time of Examination: December 4, 2020 at 9 am | | |  | |
| Place of Examination: ZOOM | | |  | |
| Examining Committee: | | Jocelyn Lockyer, Neutral Chair  Ronald Sigal, Supervisor  Christine Friedenreich, Supervisory Committee  Doreen Rabi, Supervisory Committee  Bernard Corenblum, Supervisory Committee  Sofia Ahmed, Internal Examiner  Patricia Doyle-Baker, 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: Sept 2, 2020*  *Graduate Program Director Signature:* | | | | |