



## Notice of Field of Study Exam

### Student and Examination Information

Name of Student: **Nikki Stephenson** Date: February 5, 2021  
Department/Program: **MDCH**  
Degree: **PhD** Specialization: **Epidemiology**  
Date and Time of Examination: **May 4, 2021 at 1 pm**  
Place of Examination: **ZOOM**  
Examining Committee: Doug Myhre, Neutral Chair  
Amy Metcalfe, Supervisor  
Suzanne Tough, Co-supervisor  
Carly McMorris, Supervisory Committee  
Sheila McDonald, Supervisory Committee  
Tyler Williamson, Supervisory Committee  
Daniel Kopala-Sibley, Internal Examiner  
Melanie Noel, 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:*