



Notice of Field of Study Exam

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: **Robert Basmadjian** Date: Dec 10/21
Department/Program: **MDCH**
Degree: **PhD** Specialization: Epidemiology
Date and Time of Examination: **January 26, 2021 at 2 pm**
Place of Examination: **ZOOM**
Examining Committee: Jocelyn Lockyer, Neutral Chair
Darren Brenner, Supervisor
Winson Cheung, Co-supervisor
Sasha Lupichuk, Supervisory Committee
May Lynn Quan, Supervisory Committee
Yuan Xu, Supervisory Committee
Fabiola Aparicio-Ting, Internal Examiner
Nancy Nixon, 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: _____