



## 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: **Mandy Mou** Date: November 5, 2021  
Department/Program: **MDCH**  
Degree: **PhD** Specialization: Community Rehabilitation & Disability Studies  
Date and Time of Examination: **December 21, 2021 9 am**  
Place of Examination: **ZOOM**  
Examining Committee:  
TBD, Neutral Chair  
Anne Hughson, Supervisor  
Katrina Milaney, Supervisory Committee  
Diane Driedger, Supervisory Committee (not attending)  
Turin Chowdhury, Internal Examiner  
Aamir Jamal, 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:*