

**Notice of**

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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: | **Erik van Tilburg Bernardes** | | |  |
| Department/Program: | **MDIM** | | | |
| Degree: **PhD** | | | Specialization: n/a | |
| Date and Time of Examination: **June 8, 2021 at 2 pm MT** | | | | |
| Place of Examination **Zoom** | | | | |
| Examining Committee: | | **Dr. Jennifer Corcoran, Neutral Chair**  **Dr. Marie-Claire Arrieta,** **Supervisor**  **Dr. David Proud Co-supervisor**  **Dr. Kathy McCoy,** **Supervisory Committee**  **Dr. Braedon McDonald,** **Supervisory Committee**  **Dr. Chris Mody ,** **Examiner, Department MDIM**  **Dr. Richard Leigh,** **Examiner, Department MDCV** | | |
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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:* | | | | |