

Notice of Field of Study Oral Examination

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 Churchenste	la safi sa lla suma s
Name of Student:	Josefien Hommes
Department/Program:	MDIM
Degree: PhD	Specialization:
Date and Time of Examination: April 17, 2023, at 9:00 a.m.	
Place of Examination:	Room HSC G637
Examining Committee:	TBA, Neutral Chair
	Dr. Bas Surewaard , Supervisor
	Dr. Paul Kubes, Co-Supervisor
	Dr. Craig Jenne, Supervisory Committee
	Dr. Joe Harrison, Supervisory Committee
	Dr. Nargis Khan, Internal Examiner
	Dr. Johnathan Canton, 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: