



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 Student: **Bianca Villa**

Department/Program: **MDNS**

Degree: **PhD** Specialization:

Date and Time of Examination: **March 16, 2020 at 12:30 p.m.**

Place of Examination: **HSC G643**

Examining Committee:

- Dr. Richard Hawkes, Neutral Chair**
- Dr. G. Campbell Teskey, Supervisor**
- Dr. Timothy Shutt, Supervisory Committee**
- Dr. Deborah Kurrasch, Supervisory Committee**
- Dr. Jane Shearer, Internal Examiner**
- Dr. Morris Scantlebury, 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:*