



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: **Mohammad Amin** UCID: XXXXXXXXXX
Safarzadeh Fard Larestani

Department/Program: **MDNS**

Degree: **PhD** Specialization: **N/A**

Date and Time of Examination: **Wednesday, November 9, 2022 @ 1:00pm**

Place of Examination: **HSC G743**

Examining Committee:

- Dr. Raymond Turner, Neutral Chair**
- Dr. Richard Wilson, Supervisor**
- Dr. Usman Alim, Supervisory Committee**
- Dr. Grant Gordon, Supervisory Committee**
- Dr. Paolo Federico, Internal Examiner**
- Dr. Farhad Maleki, 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:* _____