



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: **Emily Wuerch** UCID: [Click or tap here to enter text.](#)

Department/Program: **MDNS**

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

Date and Time of Examination: **November 8, 2022 @ 9:00am**

Place of Examination: **HSC G744**

Examining Committee:
Dr. Jiami Guo, Neutral Chair
Dr. V. Wee Yong, Supervisor
Dr. Shalina Ousman, Supervisory Committee
Dr. Antoine Dufour, Supervisory Committee
Dr. Tuan Trang, 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:* _____