



Notice of Field of Study Exam

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.

Today's Date: **OCT. 10, 2024**

Name of Student: **Emily Gunn**
Department/Program: **MDCH**
Degree: **PhD**
Specialization: **Population/Public Health**
Date and Time of Examination: **NOVEMBER 20, 2024, starting at 9:00am**
Place of Examination: **FULLY REMOTE on Zoom**
Neutral Chair: **Dr. Christopher J. Doig**

Examining Committee

Supervisor (**non-voting**): **Dr. Gina Dimitropoulos**
Co-Supervisor (**non-voting**): **Dr. Geoffrey Messier**
Committee Member (**voting**): **Dr. Katrina Milaney**
Committee Member (**voting**): **Dr. Scott Patten**
Committee Member (**voting**): **n/a**
Examiner Internal to Program (**voting**): **Dr. Patti Johnson**
Examiner External to Program (**voting**): **Dr. Merilee Brockway**

Acknowledgment Signatures

I am aware of and have agreed to these arrangements.

Date:

Student Signature:

Supervisor Signature:

Co-Supervisor Signature:

The Graduate Program Director's (or designate's) signature below approves the membership of the examination committee.

Date:

Graduate Program Director Signature: