



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: **SEPTEMBER 10, 2024**

Name of Student: **Jane Fletcher**
Department/Program: **MDCH**
Degree: **PhD**
Specialization: **HSR**
Date and Time of Examination: **OCTOBER 22, 2024, at 9:15AM**
Place of Examination: **HYBRID EXAM in room HS G344 (GSE conference room) and via Zoom**
Neutral Chair: **TBA**

Examining Committee

Supervisor (**non-voting**): **Dr. Braden Manns**
Co-Supervisor (**non-voting**): **Dr. David Campbell**
Committee Member (**voting**): **Dr. Reed Beall**
Committee Member (**voting**): **Dr. Sara Nejatinamini**
Committee Member (**voting**): **n/a**
Examiner Internal to Program (**voting**): **Dr. Michael Law**
Examiner External to Program (**voting**): **Dr. Jennifer Zwicker**

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: