



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. 21, 2024**

Name of Student: **Jennifer Anderson**
Department/Program: **MDCH**
Degree: **PhD**
Specialization: **Epidemiology**
Date and Time of Examination: **NOV. 29, 2024, at 9:00AM**
Place of Examination: **HYBRID EXAM in room HS G344 (GSE conference room) and via Zoom**
Neutral Chair: **Dr. Andrew Bulloch**

Examining Committee

Supervisor (**non-voting**): **Dr. Dallas Seitz**
Co-Supervisor (**non-voting**): **Dr. Paul Ronksley**
Committee Member (**voting**): **Dr. Julia Kirkham**
Committee Member (**voting**): **Dr. David Crockford**
Committee Member (**voting**): **n/a**
Examiner Internal to Program (**voting**): **Dr. Jessalyn Holodinsky**
Examiner External to Program (**voting**): **Dr. Dean Eurich**

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: