



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.

Student and Examination Information

Name of Student: **Janelle Lee**

Today's Date: Sept 21, 2023

Department/Program: **MDCH**

Degree: **PhD** Specialization: **Epidemiology**

Date and Time of Examination: **Thursday, Oct 12, 2023, at 9:00am**

Place of Examination: **Fully Remote via sent Zoom link**

Examining Committee: **Neutral Chair — Dr. Jocelyn Lockyer**

Supervisor: Dr. Nicole Letourneau

Co-Supervisor: Dr. Kirsten Fiest

Committee Member: Dr. Deborah Dewey

Committee Member: Dr. Andrew Hayes

Examiner Internal to Program: Dr. Brent Hagel

Examiner External to Program: Dr. Kathleen Chaput

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 (or designate's) signature below approves the membership of the examination committee.

Date:

Graduate Program Director Signature: