



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: Kelsey Harkness UCID: [REDACTED]
Department/Program: MDNS
Degree: PhD Specialization:
Date and Time of Examination: October 20, 2021 @ 2pm
Place of Examination: Zoom
Examining Committee: **Dr. Richard Hawkes, Neutral Chair**
Dr. Kara Murias, Supervisor
Dr. Signe Bray, Co-Supervisor
Dr. Michael Esser, Supervisory Committee
Dr. Richard Dyck, Supervisory Committee
Dr. Paolo Federico, Internal Examiner
Dr. Emma Climie, 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: