



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: **Jack Attewell** UCID:

Department/Program: **MDBC Degree: PhD**

Date and Time of Examination: **Sep 29 , 2021 @ 10:00AM**

Place of Examination: **Zoom**

Examining Committee: **Dr Steven Greenway, Neutral Chair**
Dr Jennifer Cobb ,Supervisor
Dr Karl Riabowol ,Co-Supervisor
Dr Tara Beattie, Supervisory Committee Member
Dr David Schriemer, Supervisory Committee Member
Dr Ebba Kurz, External Examiner
Dr Greg Moorhead, 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:*