

**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: | **Bria Mele** | | | Date: Jan 2/20 |
| Department/Program: | **MDCH** | | | |
| Degree: | **PhD** | | Specialization: **HSR** | |
| Date and Time of Examination: **February 5, 2020** | | |  | |
| Place of Examination: **HSC G638** | | |  | |
| Examining Committee: | | **Gerald Giesbr**echt, Neutral Chair  **Zahinoor Ismail,** Supervisor  **Jayna Holroyd-Leduc,** Co-supervisor  **Zahra Goodarzi,** Supervisory Committee  **Tamara Pringsheim**, Supervisory Committee  **Claire Barber,** Examiner  **Veronica Bruno,** Examiner | | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **Acknowledgment** | | | | |
| **I am aware of, and have agreed to these arrangements.**  *Date:* December 23, 2019 *Student Signature:* | | | | |
| *Date:* December 27, 2019 *Supervisor Signature:* | | | | |
| *Date:* December 24, 2019 Co-*Supervisor Signature:* | | | | |
| **The Graduate Program Director's signature** below approves the membership of the examination committee.  *Date: January 2, 2019*  *Graduate Program Director Signature:* | | | | |