

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: Department/Program:	Patrick Sipila Medical Science	UCID:
Degree: PhD	Specialization: Cancer Biology	
Date and Time of Examination: Tuesday, February 25, 2020 at 1:30 pm		
Place of Examination: G344, Conference Room at Graduate Science Education Office, Health Science Center		
Examining Committee:	Dr. Catherine Lebel, Neutral Chair Dr., Ki-Young Lee, Supervisor Dr., Karl Thomas Riabowol, Commit Dr., Suirong Wayne Chen, Committe Dr., Shirin Bonni, Biochemistry & M Dr., Jacob Chacko Thundathil, Veteri	ee Member olecular Biology, Examiner
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Acknowledgment		
	agreed to these arrangements.	
I am aware of, and have a	agreed to these arrangements.	
I am aware of, and have a	agreed to these arrangements. Student Signature:	
I am aware of, and have a Date: Date: Date:	Agreed to these arrangements. Student Signature: Supervisor Signature: Co-Supervisor Signature:	membership of the examination committee.