



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: Aaron Gillmor UCID: [Click or tap here to enter text.](#)

Department/Program: MDBC

Degree: **PhD** Specialization:

Date and Time of Examination: March 10, 2020 @ 9am

Place of Examination: HSC G344 (GSE Boardroom)

Examining Committee:
Dr. Justin A. MacDonald , Neutral Chair
Dr. Sorana Morrissy , Supervisor
Dr. Marco Gallo , Supervisory Committee
Dr. Stephen Robbins , Supervisory Committee
Dr. David Anderson , Internal Examiner, MDBC
Dr. Paola Neri, External Examiner, Department of Oncology

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:*