



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: **Stefan Kurbatfinski** Today's Date: Mar. 4, 2024

Department/Program: **MDCH**

Degree: **PhD** Specialization: Population/Public Health

Date and Time of Examination: **Wed. May 1, 2024 at 9:00am**

Place of Examination: **Fully Remote on Zoom**

Examining Committee: **Neutral Chair — Dr. Jocelyn Lockyer**

Supervisor: Dr. Nicole Letourneau

Co-Supervisor: Dr. Aliyah Dosani (On Leave; Not Attending Oral Exam)

Committee Member: Dr. Andrew F. Hayes

Committee Member: Dr. Deborah Dewey

Examiner Internal to Program: Dr. Sheri Madigan

Examiner External to Program: Dr. Suzanne Tough

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 (or designate's) signature below approves the membership of the examination committee.

Date:

Graduate Program Director Signature: