# Notice of Thesis Oral Examination

Questions about the use of this information should be directed to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.

## Student Information

<table>
<thead>
<tr>
<th>Candidate:</th>
<th>Campbell, Eleanor Grace</th>
<th>Date:</th>
<th>2021-05-17</th>
<th>UCID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program:</td>
<td>Neuroscience</td>
<td>Degree:</td>
<td>Master of Science</td>
<td>Specialization:</td>
</tr>
<tr>
<td>Final Thesis Title:</td>
<td>Rapid Feedback Responses to Proprioceptive Perturbation in Idiopathic Dystonia</td>
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## Examination Information

This exam is: Open

The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.

| Date of Examination: | 2021-06-18 | Time of Examination: | 10:00 AM | Place of Examination: | Zoom teleconference |

## Examination Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Department</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Pierre LeVan</td>
<td>Neutral Chair</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Davide Martino</td>
<td>Supervisor</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Nicholas Donald James Strzalkowski</td>
<td>Co-Supervisor</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Tyler Cluff</td>
<td>Supervisory Committee Member</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Zelma Kiss</td>
<td>Supervisory Committee Member</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Patrick J Whelan</td>
<td>Internal Examiner</td>
<td>Neuroscience</td>
<td>Yes</td>
<td>□</td>
</tr>
</tbody>
</table>

## Student's Acknowledgement

The student's signature below acknowledges the examination arrangements.

Date: | Candidate Signature: |

## Supervisor's Acknowledgement

The Supervisor's signature below verifies:

- That the Internal Examiner meets the following criteria: *
  - [ ] has well-established research reputation
  - [ ] has expertise in the area of the student's research
  - [ ] has experience in evaluating theses at the graduate level
  - [ ] has experience in supervising to completion at the graduate level
  - [ ] is not a close personal friend of the Supervisor
  - [ ] has not collaborated with the Supervisor in the past five years
  - [ ] is not closely related to, or have not worked with the candidate

*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.

- [ ] That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section L. 1.

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☐ That the Supervisor, and other members of the Supervisory Committee if applicable, have reviewed the student's research, relevant written sample of the material related to the thesis, and/or the draft thesis document and provided written consent that the defence can be scheduled. All consents must be held at the program.

Date: 

Supervisor Signature:

### Graduate Program Director's (GPD) Acknowledgement

**The Graduate Program Director's signature below verifies:**

☐ That the Internal Examiner is external to the student's program (if required)

☐ That the External Examiner has not served as an external examiner in the student's program in the past two years.

*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.*

☐ The student named above has met all program requirements to proceed to Oral Examination, completed the required course work, maintained a grade point average of at least 3.0, appropriate formal ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file.

*If approval is conditional, please describe:*

Date: 

GPD name (print): 

GPD Signature:

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### For Faculty of Graduate Studies use only

<table>
<thead>
<tr>
<th>Membership of Examination Committee</th>
<th>☐ Approved</th>
<th>☐ Not Approved</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Dean, Faculty of Graduate Studies (or designate) Signature:</td>
<td></td>
</tr>
</tbody>
</table>

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