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: Dores, Ashley Katherine</th>
<th>Date: 2021-04-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program: Community Health Sciences</td>
<td></td>
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<tr>
<td>Degree: Master of Science</td>
<td>Specialization: Epidemiology</td>
</tr>
<tr>
<td>Final Thesis Title: Outdoor Air Pollution in Canada: Associations with Major Depressive Episodes and Depressive Symptoms</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.

<table>
<thead>
<tr>
<th>Date of Examination: 2021-06-08</th>
<th>Time of Examination: 2:00 PM</th>
<th>Place of Examination: Zoom</th>
</tr>
</thead>
</table>

**Examination Committee**

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Gerald Giesbrecht, Neutral Chair, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Scott Burton Patten, Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Gordon Hilton Fick, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Frank MacMaster, Supervisory Committee Member, Medical Science</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Thomas J Raedler, Internal Examiner, Neuroscience</td>
<td>Yes</td>
<td>N/A</td>
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**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.

- 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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Membership of Examination Committee  ☐ Approved  ☐ Not Approved

Date: 
Dean, Faculty of Graduate Studies (or designate) Signature: