

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								
Candidate: Granton, Elise Anne	Date: 2021-04-20							
Department/Program: Medical Science								
Degree: Doctor of Philosophy Specialization: N/A								
Final Thesis Title: The Impact of PEL and PSL on Sickness and Innate Immune Response During Pseudomonas aeruginosa Pneumonia.								
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: 2021-05-20	Time of Examinat	ime of Examination: 9:00 AM Place of Ex			camination: Zoom			
Examination Committee					Clear of conflict of interest			
Dr Robert Newton, Neutral Chair, Cardiovascular/Respiratory Sciences					N/A			
Dr Bryan George Yipp, Supervisor, N	Yes	N/A						
Dr Joe Jonathan Harrison, Superviso	Yes	N/A						
Dr David Proud, Supervisory Committee Member, Medical Science					N/A			
Dr Marie Claire Arrieta, Internal Examiner, Gastrointestinal Sciences								
Dr Daniel J Wozniak, External Examiner, Ohio Postsecondary								
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.								

Date:	Dean Faculty	v of Graduate S	tudies (or designate) Signature:			
Membership of Examination Committee ☐ Approved ☐ Not Approved						
For Faculty of Graduate Studies use only						
Date:	GPD name (print):		GPD Signature:			
If approval is conditional, please describe:						
☐ 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 the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.						
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.						
Graduate Program Director's (GPD) Acknowledgement						
Date:	Superv	visor Signature:				
student's researc	h, relevant written samp	le of the materia	ory Committee if applicable, have reviewed the all related to the thesis, and/or the draft thesis can be scheduled. All consents must be held at the			