

## 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.*

### Information

Candidate: Joyce, Julie Michele	Date: 2021-11-18	UCID: <span style="background-color: black; color: black;">XXXXXXXXXX</span>
Department/Program: Medical Science		
Degree: Master of Science      Specialization: Medical Imaging		
Final Thesis Title: Exploring the Pathophysiology of Persistent Post-Concussive Symptoms and Metabolite Response to an Aerobic Exercise Treatment Intervention		

### Information

<p>This exam is: Open</p> <p><b>The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.</b></p>
<p>Will there be at least one person attending the exam remotely?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Remote examinations will be conducted according to FGS guidelines.</li> <li>Proctors are not required for remote examinations.</li> <li>In the case of examinations in which two or more individuals are attending in person, the Neutral Chair must also attend in person.</li> <li>The Neutral Chair must be provided with contact information of the student and all examiners in case of emergency or unanticipated situations.</li> </ul> <p>If the student is attending the examination remotely, they must provide the telephone number of at least one person (e.g., friend, roommate, relative) who can be contacted in case the connection with the student is lost with no possibility of re-connection or for emergencies. This information <b>must be communicated to the Neutral Chair</b> and will be used only for the above stated purposes.</p> <p><i>Name of contact person(s):</i> _____ <i>Telephone number(s):</i> _____</p>

Date of Examination: 2021-12-14	Time of Examination: 12:00 PM	Place of Examination: Zoom
Examination Committee	Attending remotely?	Clear of conflict of interest
Dr Robert Stanley Sheldon, Neutral Chair, Cardiovascular/Respiratory Sciences		N/A
Dr Ashley D Harris, Supervisor, Medical Science	Yes	N/A
Dr Chantel T Debert, Supervisory Committee Member, Medical Science	Yes	N/A
Dr Catherine Lebel, Supervisory Committee Member, Medical Science	Yes	N/A
Dr Keith Yeates, Supervisory Committee Member, Medical Science	Yes	N/A
Dr Jonathan David Smirl, Internal Examiner, Kinesiology	Yes	<input type="checkbox"/>

ii'taa'poh'to'p, the University of Calgary's Indigenous Strategy, seeks to ensure that policies, practices and procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting and being. Indigenous graduate students and those who are working with Indigenous Elders or Knowledge Keepers are encouraged to incorporate Indigenous ceremonies and/or traditions into their exams.

Will the student incorporate Indigenous ceremonies and/or traditions into the exam?

- Yes  
 No

If yes, please submit a completed **Indigenous Cultural Protocol Plan** form with the Notice of Thesis Oral Examination.

### 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 has 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: \_\_\_\_\_

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 where applicable, 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: \_\_\_\_\_

### For Faculty of Graduate Studies use only

Membership of Examination Committee  Approved  Not Approved

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