

## 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: Bist, Jessica Loy  | Date: 2021-06-29 |  |
| Department/Program: Neuroscience  |                  |  |
| Degree: Master of Science      Specialization: N/A  |                  |  |
| Final Thesis Title: Evolution of a Project Linking Plasmalogens to Cognitive Deficits in Schizophrenia: A Feasibility Study |                  |  |

### Examination Information

| This exam is: Open   |                              |                               |  |
|--|------------------------------|-------------------------------|--|
| <b>The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.</b> |                              |                               |  |
| Date of Examination: 2021-07-28  | Time of Examination: 1:00 PM | Place of Examination: Zoom    |  |
| Examination Committee  | Attending remotely?          | Clear of conflict of interest |  |
| Dr Tara Lyn Beattie, Neutral Chair, Biochemistry and Molecular Biology   | Yes                          | N/A                           |  |
| Dr Thomas J Raedler, Supervisor, Neuroscience  | Yes                          | N/A                           |  |
| Dr Donald Emile N Addington, Supervisory Committee Member, Medical Science   | Yes                          | N/A                           |  |
| Dr Andrew Gabriel McKay Bulloch, Supervisory Committee Member, Neuroscience  | Yes                          | N/A                           |  |
| Dr Scott Burton Patten, Internal Examiner, Community Health Sciences   | Yes                          | <input type="checkbox"/>      |  |

### Student's Acknowledgement

|   |                      |
|---|----------------------|
| <b>The student's signature below acknowledges the examination arrangements.</b> |                      |
| Date:   | Candidate Signature: |

### Supervisor's Acknowledgement

|  |   |
|--|---|
| <b>The Supervisor's signature below verifies:</b>  |   |
| That the Internal Examiner meets the following criteria: *   |   |
| <input type="checkbox"/>   | has well-established research reputation  |
| <input type="checkbox"/>   | has expertise in the area of the student's research   |
| <input type="checkbox"/>   | has experience in evaluating theses at the graduate level   |
| <input type="checkbox"/>   | has experience in supervising to completion at the graduate level   |
| <input type="checkbox"/>   | is not a close personal friend of the Supervisor  |
| <input type="checkbox"/>   | has not collaborated with the Supervisor in the past five years   |
| <input type="checkbox"/>   | 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. |   |
| <input type="checkbox"/>   | That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section L. 1. |
| <input type="checkbox"/>   | 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: \_\_\_\_\_

### For Faculty of Graduate Studies use only

Membership of Examination Committee  Approved  Not Approved

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