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: Kryukov, Ivan
Date: 2019-10-28
UCID:

Department/Program: Biochemistry & Molecular Biology
Degree: Doctor of Philosophy
Specialization: Bioinformatics
Final Thesis Title: Direct Solutions to Wright-Fisher Model

Examination Information

This exam is: Open
The examination will be conducted under the 2013-14 Handbook of Supervision and Examination.

Date of Examination: 2019-11-18
Time of Examination: 9:15 AM
Place of Examination: HSC G384

Examination Committee

<table>
<thead>
<tr>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr David Christopher Schriemer, Neutral Chair, Biochemistry and Molecular Biology</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Jason de Koning, Supervisor, Biochemistry and Molecular Biology</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Nicolas Rodrigue, Supervisory Committee Member, Mathematics and Statistics</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Samuel J Yeaman, Supervisory Committee Member, Biochemistry and Molecular Biology</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr David William Anderson, Internal / External Examiner, Biochemistry and Molecular Biology</td>
<td>□</td>
</tr>
<tr>
<td>Dr Jeffrey Loren Thorne, External Examiner, N Carolina Postsecondary</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Student's Acknowledgement

The student's signature below acknowledges the examination arrangements.

Date: Candidate Signature:

The Supervisor's signature below verifies that the "Internal" External Examiner meets the following criteria:†

□ Has not collaborated with the supervisor in the last five years.
□ Is not related to the student and has not worked with the student.

Date: Supervisor Signature:

The Graduate Program Director's signature below verifies:

□ That the "Internal" External Examiner has not been a supervisor in the student's department/program for the last three 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, and appropriate formal ethics approval has been received for the student's research.

If approval is conditional, please describe:

Date: 
Graduate Program Director Signature:

For Faculty of Graduate Studies use only

<table>
<thead>
<tr>
<th>Membership of Examination Committee</th>
<th>☐ Approved</th>
<th>☐ Not Approved</th>
</tr>
</thead>
</table>

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