

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: Chanda,Ayan	Date: 2019-11-08	UCID:
Department/Program: Biochemistry & Molecular Biol		
Degree: Doctor of Philosophy Specialization: N/A		
Final Thesis Title: Regulation of Epithelial Cell Plasticity by A SUMO-TGFbeta Signaling Axis		

Examination Information

This exam is: Open		
The examination will be conducted under the 2013-14 Handbook of Supervision and Examination.		
Date of Examination: 2019-12-17	Time of Examination: 10:00 AM	Place of Examination: HSC G344 (GSE Boardroom)

Examination Committee	Attending remotely?	Clear of conflict of interest
Dr Justin Anthony MacDonald, Neutral Chair, Biochemistry and Molecular Biology		N/A
Dr Shirin Bonni, Supervisor, Biochemistry and Molecular Biology		N/A
Dr Gregory BG Moorhead, Supervisory Committee Member, Biological Sciences		N/A
Dr Donald G Morris, Supervisory Committee Member, Medical Science		N/A
Dr Mayi YA Arcellana-Panlilio, Internal / External Examiner, Biomedical Technology		<input type="checkbox"/>
Dr Roseline Godbout, External Examiner,		<input type="checkbox"/>

Student's Acknowledgement

The student's signature below acknowledges the examination arrangements.	
Date:	Candidate Signature:

<p>The Supervisor's signature below verifies that the "Internal" External Examiner meets the following criteria:[†]</p> <p><input type="checkbox"/> Has not collaborated with the supervisor in the last five years.</p> <p><input type="checkbox"/> Is not related to the student and has not worked with the student.</p> <p>Date: _____ Supervisor Signature: _____</p>
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<p>The Graduate Program Director's signature below verifies:</p> <p><input type="checkbox"/> That the "Internal" External Examiner has not been a supervisor in the student's department/program for the last three years.</p> <p>[†]If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.</p> <p><input type="checkbox"/> The student named above has met all program requirements to proceed to Oral Examination, completed the</p>

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:

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Membership of Examination Committee ☐ **Approved** ☐ **Not Approved**

Date:

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