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

<table>
<thead>
<tr>
<th>Candidate:</th>
<th>Maredia, Ashna Karimbhai</th>
<th>Date:</th>
<th>2019-11-04</th>
<th>UCID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program:</td>
<td>Medical Science</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Degree:</td>
<td>Master of Science</td>
<td>Specialization:</td>
<td>N/A</td>
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<tr>
<td>Final Thesis Title:</td>
<td>Identification and Verification of Differentially Methylated Regions in Cell-Free DNA as a Peripheral Biomarker for Bicuspid Aortic Valve Aortopathy</td>
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### 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: | 2019-12-09 | Time of Examination: | 11:30 AM | Place of Examination: | GSE Conference Room |

### Examination Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Bradley Gordon Goodyear</td>
<td>Neutral Chair, Medical Science</td>
</tr>
<tr>
<td>Dr Steven Clive Greenway</td>
<td>Supervisor, Medical Science</td>
</tr>
<tr>
<td>Dr Paul WM Fedak</td>
<td>Co-Supervisor, Cardiovascular/Respiratory Sciences</td>
</tr>
<tr>
<td>Dr Oliver Frank Bathe</td>
<td>Supervisory Committee Member, Medical Science</td>
</tr>
<tr>
<td>Dr Andrew P Braun</td>
<td>Supervisory Committee Member, Cardiovascular/Respiratory Sciences</td>
</tr>
<tr>
<td>Dr Vaibhav Patel</td>
<td>Internal Examiner, Cardiovascular/Respiratory Sciences</td>
</tr>
</tbody>
</table>

### 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 A.1.1.

☐ 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: _____________________________

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: _____________________________

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Membership of Examination Committee ☐ Approved ☐ Not Approved

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