

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 I	nformation				
Candi	date: Maredia,Ashna Karimbha	i	Date: 2019-11-04		UCID:		
Department/Program: Medical Science							
Degree: Master of Science Specialization: N/A							
	Thesis Title: Identification and \ eral Biomarker for Bicuspid Ao			Regions in	Cell-Free DNA	√as a	
		Examination	n Information				
The ex	xam is: Open xamination will be conducted histrative processes.	I under the currer	nt Thesis and Thesi	s examin	ation regulatio	ons and	
	F Examination: 2019-12-09 Time of Examination: 11:30 AM Place of Examination:				kamination: GSE e Room		
Examination Committee				Attending remotely?	Clear of conflict of interest		
Dr Bradley Gordon Goodyear, Neutral Chair, Medical Science						N/A	
Dr Steven Clive Greenway, Supervisor, Medical Science						N/A	
Dr Paul WM Fedak, Co-Supervisor, Cardiovascular/Respiratory Sciences Dr Oliver Frank Bathe, Supervisory Committee Member, Medical Science						N/A N/A	
Dr Andrew P Braun, Supervisory Committee Member, Cardiovascular/Respiratory Sciences					N/A		
Dr Vaibhav Patel, Internal Examiner, Cardiovascular/Respiratory Sciences							
The	tudontio cianoturo holovy ook		nowledgement	manta			
THE S	tudent's signature below ack	nowledges the ex		nents.			
Date:		Candidate Sigr	nature:				
		Supervisor's A	cknowledgement				
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 th	e student's researd	ch				
	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 m	net, please attach a	a memo explaining w	hy the pro	ogram still wish	es 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:						
For Faculty of Graduate Studies use only						
Membership of Examination Committee ☐ Approved ☐ Not Approved						
Dean, Faculty of Graduate Studies (or designate) Signature:						