

## **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.

	Information			<u> </u>	
Candidate: Kapilan, Anjali	Date: 2025-04-08				
Department/Program: Medical Science					
Degree: Master of Science Specialization: N/A					
Final Thesis Title: N/A					
Date of Examination: 2025-05-08	Time of Examination: 1:00 PM Place of Examination		amination: HSC G344 &		
Information					
This exam is: Open  The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.					
<ul> <li>Proctors are not required to ln the case of examination. Chair must also attend in possible.</li> <li>The Neutral Chair must be of emergency or unanticip.</li> <li>If the student is attending the examin person (e.g., friend, roommate, relative.)</li> </ul>	be conducted according to FGS guidelifor remote examinations.  It is in which two or more individuals are accerson.  It is provided with contact information of the ated situations.  It is interested to the examination of the ated situations.  It is interested in case the conformation in the formation in the aterial with the example.	attending in period in per	d all examin ober of at lead on the studer	ers in case ast one nt is lost	
Examination Committee			Attending remotely?	Clear of conflict of interest	
Dr Braedon Alexander McDonald, Neutral Chair, Immunology			N/A		
Dr Antoine Hugues-Olivier Dufour, Supervisor, Immunology			N/A		
Dr Giuseppina Colarusso, Co-Superv	isor, Medical Science			N/A	
Dr Jane Shearer, Supervisory Comm	ttee Member, Kinesiology			N/A	
Dr Timothy Shutt, Supervisory Comm	ittee Member, Biochemistry and Molecu	ılar Biology		N/A	
Dr Vaibhav Patel, Internal Examiner,	Cardiovascular/Respiratory Sciences				

Membership of Examination Committee ☐ Approved ☐ Not Approved  Dean Faculty of Graduate Studies (or designate) Signature:			
For Faculty of Graduate Studies use only			
Date: GPD name (print): GPD Signature:			
If approval is conditional, please describe:			
☐ 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 where applicable, appropriate formal ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file.			
☐ 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, <b>please attach a memo</b> explaining why the program still wishes to make the recommendation.			
The Graduate Program Director's signature below verifies*:  ☐ That the Internal Examiner is external to the student's program (if required).			
Date: Supervisor Signature:			
examination**  **If the above criterion has not been met, supervisor is responsible for collecting from the examiners proof of agreement to read the thesis in a shorter period of time.			
<ul> <li>A.1.1.</li> <li>□ That all members of the Supervisory committee have reviewed the student's research, a 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.</li> <li>□ That the thesis will be/has been sent to the examination committee at least three weeks before the thesis</li> </ul>			
<ul> <li>□ is not closely related to, or has not worked with the candidate</li> <li>*If the above criteria have not been met, <b>please attach a memo</b> explaining why the program still wishes to make the recommendation.</li> <li>□ That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section</li> </ul>			
<ul> <li>□ is not a close personal friend of the Supervisor</li> <li>□ has not collaborated with the Supervisor in the past five years</li> </ul>			
<ul> <li>□ has expertise in the area of the student's research</li> <li>□ has experience in evaluating theses at the graduate level</li> <li>□ has experience in supervising to completion at the graduate level</li> </ul>			
The Supervisor's signature below verifies:  That the Internal Examiner meets the following criteria*:  ☐ has well-established research reputation			
Supervisor's Acknowledgement			
The student's signature below acknowledges the examination arrangements.  Date: Candidate Signature:			
Examination.  Acknowledgement			
Will the student incorporate Indigenous ceremonies and/or traditions into the exam?  ☐ Yes ☐ No  If yes, please submit a completed Indigenous Cultural Protocol Plan form with the Notice of Thesis Oral			
ii'taa'poh'to'p, the University of Calgary's Indigenous Strategy, seeks to ensure that policies, practices and procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting and being. Indigenous graduate students and those who are working with Indigenous Elders or Knowledge Keepers are encouraged to incorporate Indigenous ceremonies and/or traditions into their exams.			