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.

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidate:</strong> Hansen, Tawnya</td>
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<tr>
<td><strong>Department/Program:</strong> Community Health Sciences</td>
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<tr>
<td><strong>Final Thesis Title:</strong> Geographic Differences in the Risk of Surgery in Inflammatory Bowel Disease: A Systematic Review and Meta-analysis</td>
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This exam is: Open

The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.

Will there be at least one person attending the exam remotely?

☑ Yes
☐ No

Notes:
- Remote examinations will be conducted according to FGS guidelines.
- Proctors are not required for remote examinations.
- In the case of examinations in which two or more individuals are attending in person, the Neutral Chair must also attend in person.
- The Neutral Chair must be provided with contact information of the student and all examiners in case of emergency or unanticipated situations.

If the student is attending the examination remotely, they must provide the telephone number of at least one person (e.g., friend, roommate, relative) who can be contacted in case the connection with the student is lost with no possibility of re-connection or for emergencies. This information must be communicated to the Neutral Chair and will be used only for the above stated purposes.

**Name of contact person(s):** Andre Matteliano
**Telephone number(s):** 204-228-0229

**Date of Examination:** 2021-11-05  **Time of Examination:** 9:30 AM  **Place of Examination:** Zoom

<table>
<thead>
<tr>
<th>Examination Committee</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Gil Kaplan, Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Christopher Ma, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Kerri L Novak, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Eric E Smith, Internal Examiner, Neuroscience</td>
<td>Yes</td>
<td></td>
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</table>

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Will the student incorporate Indigenous ceremonies and/or traditions into the exam?

- [ ] Yes
- [x] No

*If yes, please submit a completed Indigenous Cultural Protocol Plan form with the Notice of Thesis Oral Examination.*

**Acknowledgement**

The student’s signature below acknowledges the examination arrangements.

**Date:** October 4, 2021  
**Candidate Signature:**

**Supervisor’s Acknowledgement**

The Supervisor’s signature below verifies:

- [ ] That the Internal Examiner meets the following criteria:
  - [x] has well-established research reputation
  - [x] has expertise in the area of the student’s research
  - [x] has experience in evaluating theses at the graduate level
  - [x] has experience in supervising to completion at the graduate level
  - [x] is not a close personal friend of the Supervisor
  - [x] has not collaborated with the Supervisor in the past five years
  - [x] is not closely related to, or has 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.

  - [x]
  - [x]

**Date:** October 4, 2021  
**Supervisor Signature:**

**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 where applicable, 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:** Oct 5/21  
**GPD name (print):** Bonnie Lashewicz  
**GPD Signature:**

**For Faculty of Graduate Studies use only**

**Membership of Examination Committee**

- [ ] Approved  
- [ ] Not Approved

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

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