# 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: Okpere, Augustina Nwaka</th>
<th>Date: 2021-07-07</th>
<th>UCID:</th>
</tr>
</thead>
</table>

Department/Program: Community Health Sciences

Degree: Master of Science  
Specialization: Clinical Epidemiology

Final Thesis Title: Patient experience and healthcare priorities in childhood steroid sensitive nephrotic syndrome

## Examination Information

This exam is: Open

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

<table>
<thead>
<tr>
<th>Date of Examination: 2021-08-17</th>
<th>Time of Examination: 1:00 PM</th>
<th>Place of Examination: Zoom</th>
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</table>

## Examination Committee

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Department/Program</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Susan Mathew Samuel</td>
<td>Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Meghan Jennifer Elliott</td>
<td>Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Lorraine Ann Hamiwka</td>
<td>Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Kathryn M King-Shier</td>
<td>Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Stephanie Thompson</td>
<td>Community Health Sciences</td>
<td>Yes</td>
<td>N/A</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 L. 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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**For Faculty of Graduate Studies use only**

<table>
<thead>
<tr>
<th>Membership of Examination Committee</th>
<th>☐ Approved</th>
<th>☐ Not Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
<td>Dean, Faculty of Graduate Studies (or designate) Signature:</td>
</tr>
</tbody>
</table>