

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 Ir	nformation					
Candidate: Desjardine,Patricia Ann	Date: 2021-06-30						
Department/Program: Community Health Sciences							
Degree: Doctor of Philosophy Specialization: Comm Rehab & Disab Studies							
Final Thesis Title: Paradoxical Mothers - Examining the complexities of being the mother of a disabled child and a deceased child							
Examination Information							
	Lxammation	rimormation					
This exam is: Open							
The examination will be conducted used administrative processes.	under the curren	it Thesis and Thesi	s examination	on regulatio	ns and		
·				omination: 7	oom		
Date of Examination, 2021-08-11	Date of Examination: 2021-08-11 Time of Examination: 9:00 AM				50111		
Examination Committee Dr. Jocelyn Lockyer, Neutral Chair					Clear of conflict of interest		
Dr Elizabeth Anne Hughson, Supervisor, Community Health Sciences					N/A		
Dr Katrina J Milaney, Co-Supervisor, Community Health Sciences					N/A		
Dr Dorothy Eleanor Badry, Supervisory Committee Member, Social Work					N/A		
Dr Fiona A Nelson, Supervisory Committee Member, Sociology					N/A		
Dr Georgina Dimitropoulos, Internal Examiner, Social Work							
Dr Donald Michael Fuchs, External Examiner, University Of Manitoba							
Student's Acknowledgement							
The student's signature below acknowledges the examination arrangements.							
ate: Candidate Signature:							
Supervisor's Acknowledgement							
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.							

Date:	Dean Faculty	v of Graduate S	tudies (or designate) Signature:				
Membership of Examination Committee ☐ Approved ☐ Not Approved							
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, appropriate formal ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file.							
*If the above criteria have not been met, please attach a memo 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) ☐ That the External Examiner has not served as an external examiner in the student's program in the past two years.							
Graduate Program Director's (GPD) Acknowledgement							
Date:	Superv	visor Signature:					
student's researc	h, relevant written samp	le of the materia	ory Committee if applicable, have reviewed the all related to the thesis, and/or the draft thesis can be scheduled. All consents must be held at the				