

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 | | | | | | |
|--|-----------------------|-------------|---------------------------------------|-------------------------------|--|--|
| Candidate: Constantinescu, Cora-Mihaela Date: 2021-01-12 | | | | | | |
| Department/Program: Community Health Sciences | | | | | | |
| Degree: Master of Science Specialization: Medical Education | | | | | | |
| Final Thesis Title: Developing an Antimicrobial Steward | Iship Education Curri | culum Frame | ework | | | |
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| Eveninetic | n Information | | | | | |
| Examination Information | | | | | | |
| This exam is: Open | | | | | | |
| The examination will be conducted under the current Thesis and Thesis examination regulations and | | | | | | |
| administrative processes. | | | amination: zoom | | | |
| ate of Examination: 2021-02-05 Time of Examination: 9:00 AM Place of Ex | | | amination: 20 | JOM | | |
| Examination Committee Neutral Chair: Alexandra Harrison | | | Attending remotely? | Clear of conflict of interest | | |
| Dr Aliya Kassam, Supervisor, Community Health Sciences Yes N | | | | N/A | | |
| | | | | N/A | | |
| Dr Elaine Gilfoyle, Supervisory Committee Member, Community Health Sciences | | | Yes | N/A | | |
| Dr Joseph Varkey Vayalumkal, Supervisory Committee Member, Community Health | | | Yes | N/A | | |
| Sciences | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| Dr Leanna Sue McKenzie, Internal Examiner, Community Health Sciences | | | Yes | | | |
| 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 | | | | | | |
| □ 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 Signatur | e: | | |
| 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 | on Committee □ Approved | d □ Not Approved | | |
| Date: Dean, Faculty of Graduate Studies (or designate) Signature: | | | | |