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: Bon Bernard, Jennifer Robin  
Date: 2020-12-22

Department/Program: Community Health Sciences

Degree: Master of Science  
Specialization: Population/Public Health

Final Thesis Title: How Might We Understand Mothers’ Experiences of the VID-KiDS Intervention?  More than Meets the Eye.

Examination Information

This exam is: Open

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

Date of Examination: 2021-01-28  
Time of Examination: 9:00 AM  
Place of Examination: zoom

Examination Committee

Dr Nicole Lyn Letourneau, Supervisor, Nursing  
Attending remotely? Yes  
Clear of conflict of interest N/A

Dr Suzanne C Tough, Co-Supervisor, Community Health Sciences  
Attending remotely? Yes  
Clear of conflict of interest N/A

Dr Nancy Jean Moules, Supervisory Committee Member, Nursing  
Attending remotely? Yes  
Clear of conflict of interest N/A

Ms Panagiota D Tryphonopoulos, Supervisory Committee Member, Community Health Sciences  
Attending remotely? Yes  
Clear of conflict of interest N/A

Dr Graham Philip McCaffrey, Internal Examiner, Nursing  
Attending remotely? Yes  
Clear of conflict of interest N/A

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: ____________________________

### 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>Dean, Faculty of Graduate Studies (or designate) Signature:</td>
<td></td>
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</tbody>
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