

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 I	nformation					
Candidate: Riazi, Kiarash		Date: 2021-06-11					
Department/Program: Community Health Sciences							
Degree: Master of Science Specialization: Epidemiology							
Final Thesis Title: Worldwide Prevalence and Incidence of Non-Alcoholic Fatty Liver Disease (NAFLD) in the 21st Century: A Systematic Review and Meta-Analysis							
	Examination	n Information					
This exam is: Open							
•	l under the currer	nt Thesis and Thes	is examina	ition regulation	ns and		
The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.							
Date of Examination: 2021-07-08	Time of Examinat	 :ion: 1:00 PM	n: 1:00 PM Place of Examination: Zoom		oom		
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Examination Committee				Attending remotely?	Clear of conflict of interest		
Dr Andrew Gabriel McKay Bulloch, Neutral Chair, Community Health Sciences			Yes	N/A			
Dr Gil Kaplan, Supervisor, Community Health Sciences			Yes	N/A			
Dr Abdel-Aziz Shaheen, Co-Supervisor, Community Health Sciences			Yes	N/A			
Dr Stephen Congly, Supervisory Committee Member, Community Health Sciences			Yes	N/A			
Dr Mark Gordon Swain, Supervisory Committee Member, Gastrointestinal Sciences			Yes	N/A			
Dr Zahra Shirin Goodarzi, Internal Examiner, Community Health Sciences			Yes				
Student's Acknowledgement							
The student's signature below acknowledges the examination arrangements.							
Date:	Candidate Sigr	nature:					
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.							

Date: Dean, Faculty of Graduate Studies (or designate) Si	anature:					
Membership of Examination Committee ☐ Approved ☐ Not Approved						
For Faculty of Graduate Studies use only						
Date: GPD name (print): GPD Signature	e:					
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) Acknowledgeme	ent					
Date: Supervisor Signature:						
☐ That the Supervisor, and other members of the Supervisory Committee if applicated student's research, relevant written sample of the material related to the thesis, a document and provided written consent that the defence can be scheduled. All program.	and/or the draft thesis					