# 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: Chowdhury, Mohammad Ziaul Islam</th>
<th>Date: 2021-01-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program: Community Health Sciences</td>
<td></td>
</tr>
<tr>
<td>Degree: Doctor of Philosophy Specialization: Health Services Research</td>
<td></td>
</tr>
<tr>
<td>Final Thesis Title: Develop a comprehensive hypertension prediction model and risk score in population-based data applying conventional statistical and machine learning approaches</td>
<td></td>
</tr>
</tbody>
</table>

## 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: 2021-02-19  
Time of Examination: 10:00 AM  
Place of Examination: zoom

## Examination Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Gerald Giesbrecht, Neutral Chair, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Tanvir Turin Chowdhury, Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Hude Quan, Co-Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Alexander Ah-Chi Leung, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Maeve O’Beirne, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Khokan Chandra Sikdar, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Brent E Hagel, Internal Examiner, Community Health Sciences</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Xiaoqiong Joan Hu, External Examiner, Simon Fraser University</td>
<td>Yes</td>
<td></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: ___________________________

For Faculty of Graduate Studies use only

Membership of Examination Committee  ☐ Approved  ☐ Not Approved

Date: ___________________________ Dean, Faculty of Graduate Studies (or designate) Signature: ___________________________