# 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: Atchison, Kayla Marie</th>
<th>Date: 2021-05-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program: Community Health Sciences</td>
<td></td>
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<tr>
<td>Degree: Master of Science</td>
<td>Specialization: Health Services Research</td>
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<tr>
<td>Final Thesis Title: Treating Anxiety in Older Adults Living in Long-Term Care</td>
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</tbody>
</table>

## Examination Information

This exam is: Open

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

<table>
<thead>
<tr>
<th>Date of Examination: 2021-07-14</th>
<th>Time of Examination: 10:00 AM</th>
<th>Place of Examination: Zoom</th>
</tr>
</thead>
</table>

## Examination Committee

<table>
<thead>
<tr>
<th>Dr Jocelyn Margot Lockyer, Neutral Chair, Community Health Sciences</th>
<th>Attending remotely?</th>
<th>Clear of conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Zahra Shirin Goodarzi, Supervisor, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Zahinoor Ismail, Supervisory Committee Member, Community Health Sciences</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Ann Madeline Toohey, Supervisory Committee Member, Clinical Psychology</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Sonia Butalia, Internal Examiner, Community Health Sciences</td>
<td>Yes</td>
<td>☐</td>
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</tbody>
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## 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:**

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### 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:**

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### For Faculty of Graduate Studies use only

**Membership of Examination Committee**  
☐ Approved  
☐ Not Approved

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