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: Joundi, Raed  Date: 2021-04-26
Department/Program: Community Health Sciences
Degree: Master of Science  Specialization: Clinical Epidemiology
Final Thesis Title: Health-related quality of life after stroke

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: 2021-06-14  Time of Examination: 1:00 PM  Place of Examination: zoom

Examination Committee

Dr. Andrew Gabriel McKay Bulloch, Neutral Chair, Community Health Sciences  Yes  N/A
Dr. Eric E Smith, Supervisor, Community Health Sciences  Yes  N/A
Dr. Michael D Hill, Supervisory Committee Member, Community Health Sciences  Yes  N/A
Dr. Scott Burton Patten, Supervisory Committee Member, Community Health Sciences  Yes  N/A
Dr. Gil Kaplan, 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
☐ 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: