

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	Attending remotely?	Clear of conflict of interest
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
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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:

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

Date:

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