

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.

| Information | | | | | |
|---|---|--|---|--|---------------------------------------|
| Candidate: Kayal,Ahmed | | Date: 2021-08-31 | ι | JCID: | |
| Department/Program: Community Health Sciences | | | | | |
| Degree: Master of Science Specialization: Medical Education | | | | | |
| Final Thesis Title: Colorectal Endoscopic Mucosal Resection Curriculum Development | | | | | |
| Information | | | | | |
| This exam is: Open | | | | | |
| The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes. | | | | | |
| Will there be at least one person attendi ☐ Yes ☐ X No Notes: • Remote examinations will be • Proctors are not required for • In the case of examinations i Chair must also attend in per • The Neutral Chair must be person of emergency or unanticipated. If the student is attending the examination person (e.g., friend, roommate, relative) with no possibility of re-connection or for Neutral Chair and will be used only for the Neutral Chair and will be used on | e conducted according which two or a reson. The rovided with cord a situations. The row remotely, the who can be cording according to the remergencies. | ording to FGS guidel ations. more individuals are ntact information of the ey must provide the tentacted in case the contacted in ca | attending in the student and elephone notion vist be completed. | and all examir umber of at le vith the stude | ners in case ast one nt is lost |
| Name of contact person(s): | | Telephone number(s): | | | |
| Date of Examination: 2021-09-28 Ti | me of Examina | tion: 1:00 PM | Place of E | xamination: F | |
| Examination Committee | | | Attending remotely? | Clear of conflict of interest | |
| Dr Andrew Gabriel McKay Bulloch, Neutral Chair, Community Health Sciences | | | | N/A | |
| Dr Sylvain P Coderre, Supervisor, Community Health Sciences | | | | N/A | |
| Dr Steven James Heitman, Co-Supervisor, Medical Science | | | | N/A | |
| Dr Maitreyi Kothandaraman, Supervisory Committee Member, Medical Science Dr Kevin J McLaughlin, Supervisory Committee Member, Medical Science | | | | | N/A N/A |
| Dr Adrian Harvey, Internal Examiner, Medical Science | | | | | IN/A |

| ii'taa'poh'to'p, the University of Calgary's Indigenous Strategy, seeks to ensure that policies, practices and procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting and being. Indigenous graduate students and those who are working with Indigenous Elders or Knowledge Keepers are encouraged to incorporate Indigenous ceremonies and/or traditions into their exams. | | | | |
|--|--|--|--|--|
| Will the student incorporate Indigenous ceremonies and/or traditions into the exam? ☐ Yes ☐ No | | | | |
| If yes, please submit a completed Indigenous Cultural Protocol Plan form with the Notice of Thesis Oral Examination. | | | | |
| 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 has 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: | | | | |
| 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 where applicable, 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: | | | | |