

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: Koegler, Mia Elizabeth	Date: 2020-01-20	UCID: XXXXXXXXXX
Department/Program: Immunology		
Degree: Master of Science Specialization: N/A		
Final Thesis Title: Antigen-specific CD4+ T-B cell interplay induces a robust, polyreactive systemic immunoglobulin response to commensal bacteremia.		

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: 2020-02-04	Time of Examination: 1:30 PM	Place of Examination: HSC G344 (Graduate Science Education Boardroom)

Examination Committee	Attending remotely?	Clear of conflict of interest
Dr Derek Mark McKay, Neutral Chair, Gastrointestinal Sciences		N/A
Dr Markus Geuking, Supervisor, Immunology		N/A
Dr Simon Hirota, Supervisory Committee Member, Microbiology and Infectious Diseases		N/A
Dr Nathan Colin Peters, Supervisory Committee Member, Microbiology and Infectious Diseases		N/A
Dr Craig N Jenne, Internal Examiner, Microbiology and Infectious Diseases		<input type="checkbox"/>

Student's Acknowledgement

The student's signature below acknowledges the examination arrangements.	
Date:	Candidate Signature:

Supervisor's Acknowledgement

<p>The Supervisor's signature below verifies:</p> <p>That the Internal Examiner meets the following criteria: *</p> <ul style="list-style-type: none"> <input type="checkbox"/> has well-established research reputation <input type="checkbox"/> has expertise in the area of the student's research <input type="checkbox"/> has experience in evaluating theses at the graduate level <input type="checkbox"/> has experience in supervising to completion at the graduate level <input type="checkbox"/> is not a close personal friend of the Supervisor <input type="checkbox"/> has not collaborated with the Supervisor in the past five years <input type="checkbox"/> is not closely related to, or have not worked with the candidate <p>*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.</p> <p><input type="checkbox"/> That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section</p>
--

A.1.1.

- ☐ 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:*