

## 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: Haig, Tiffany Rose	Date: 2020-01-09	
Department/Program: Community Health Sciences		
Degree: Master of Science		Specialization: Epidemiology
Final Thesis Title: Influence of inflammation, insulin resistance and excess body size on breast cancer risk: a nested case-control study.		

### Examination Information

This exam is: Open			
<b>The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.</b>			
Date of Examination: 2020-01-09	Time of Examination: 1:15 PM	Place of Examination: HSC G344	
Examination Committee	Attending remotely?	Clear of conflict of interest	
Dr Rebekah P Devinney, Neutral Chair, Microbiology and Infectious Diseases		N/A	
Dr Darren Michael Riehl Brenner, Supervisor, Community Health Sciences		N/A	
Dr Christine Marthe Friedenreich, Co-Supervisor, Community Health Sciences		N/A	
Dr Haocheng Li, Supervisory Committee Member, Mathematics and Statistics		N/A	
Dr Paula J Robson, Supervisory Committee Member, Community Health Sciences		N/A	
Dr Sasha Michelle Lupichuk, Internal Examiner, Biomedical Technology		<input type="checkbox"/>	

### Student's Acknowledgement

<b>The student's signature below acknowledges the examination arrangements.</b>	
Date:	Candidate Signature:

### Supervisor's Acknowledgement

<p><b>The Supervisor's signature below verifies:</b></p> <p>That the Internal Examiner meets the following criteria: *</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> has well-established research reputation</li> <li><input type="checkbox"/> has expertise in the area of the student's research</li> <li><input type="checkbox"/> has experience in evaluating theses at the graduate level</li> <li><input type="checkbox"/> has experience in supervising to completion at the graduate level</li> <li><input type="checkbox"/> is not a close personal friend of the Supervisor</li> <li><input type="checkbox"/> has not collaborated with the Supervisor in the past five years</li> <li><input type="checkbox"/> is not closely related to, or have not worked with the candidate</li> </ul> <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 A.1.1.</p>
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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: \_\_\_\_\_