

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 I	nformation			
Candidate: Hoy, Monica		Date: 2020-01-28			
Department/Program: Community He	ealth Sciences				
Degree: Master of Science Sp	pecialization: Medic	al Education			
Final Thesis Title: Temporal Bone D	rilling Simulation Bo	oot Camp Course			
	Examinatio	n Information			
This exam is: Open					
The examination will be conducted	d under the 2013-	14 Handbook of Suլ	pervision ar	nd Examinat	ion.
Date of Examination: 2020-02-25	Time of Examinat	tion: 9:00 AM	Place of Examination: HSC G344		
Examination Committee				Attending	Clear of conflict
Examination Committee				remotely?	of interest
Dr Gerald Giesbrecht, Neutral Chair, Community Health Sciences				N/A	
Dr Elizabeth Oddone Paolucci, Supervisor, Community Health Sciences				N/A	
Dr Joseph Clyde Dort, Supervisory Committee Member, Community Health Sciences				N/A	
Dr Thomas (Wayne) Matthews, Supervisory Committee Member, Community Health N/A					N/A
Sciences					
Dr Steven Ryan Lopushinsky, Internal / External Examiner, Medical Science					
		knowledgement			
The student's signature below ack	nowledges the ex	kamination arrangei	ments.		
Date:	Candidate Sig	nature:			
The Supervisor's signature below	varifies that the "	Internal" External E	vaminer me	acts the follo	wing
criteria:*	vermes that the	internal External E	.xammer m		wing
☐ Has not collaborated with the sup-	ervisor in the last fi	ve vears.			
☐ Is not related to the student and h		•			
Date: Su	ıpervisor Signature	<i>:</i>			
The Graduate Program Director's	signature below v	erifies:			
☐ That the "Internal" External Exami	ner has not been a	supervisor in the stu	ıdent's depa	rtment/progra	am for the
last three years.					
*If the above criteria have not been n	not inlease attach a	nomo ovolainina w	by the progr	am etill wich	os to mako
the recommendation.	net, piease attach a	Themo explaining w	ny the progr	am sun wishe	35 to make
☐ 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, and appropriate formal ethics approval					
has been received for the student's research.					

If approval is conditional, please describe:			
Date: Graduate Program Director Signature:			
For Faculty of Graduate Studies use only			
Membership of Examination Committee ☐ Approved ☐ Not Approved			
Date: Dean, Faculty of Graduate Studies (or designate) Signature:			