

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: Li,Mo Yu		Date: 2022-04-21	U	CID:		
Department/Program: Community Health Sciences						
Degree: Master of Science Specialization: Health Economics						
Final Thesis Title: A Cost-Utility Analysis of Robotic vs. Laparoscopic-assisted Rectal Cancer Resection						
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 atte ☐ Yes ☐ No Notes:	ending the exam re	motely?				
 Remote examinations will be conducted according to FGS guidelines. Proctors are not required for remote examinations. In the case of examinations in which two or more individuals are attending in person, the Neutral Chair must also attend in person. The Neutral Chair must be provided with contact information of the student and all examiners in case of emergency or unanticipated situations. 						
If the student is attending the examination remotely, they must provide the telephone number of at least one person (e.g., friend, roommate, relative) who can be contacted in case the connection with the student is lost with no possibility of re-connection or for emergencies. This information must be communicated to the Neutral Chair and will be used only for the above stated purposes.						
Name of contact person(s): Telephone number(s):						
Date of Examination: 2022-06-15	Time of Examina	tion: 9:00 AM	Place of Examination: Hybrid G344 (GSE Conference Room)			
Examination Committee		Attending remotely?	Clear of conflict of interest			
Dr Deborah Maryanne Dewey, Neutral Chair, Community Health Sciences				N/A		
Dr Elijah D Dixon, Supervisor, Community Health Sciences				N/A		
Dr Robert Trafford Crump, Co-Supervisor, Community Health Sciences				N/A		
Dr Indraneel Datta, Supervisory Committee Member, Community Health Sciences				N/A		
Dr Elissa Danielle Rennert May, Supervisory Committee Member, Community Health Sciences				N/A		
Dr Savtaj Singh Brar, Internal Examiner, Community Health Sciences				Yes		

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:				