

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: Aryal, Sarina	Date: 2024-09-12	UCID:		
Department/Program: Community He	ealth Sciences			
Degree: Master of Science Sp	pecialization: Health Services Research	h		
Final Thesis Title: Implementation of A Qualitative Study of Staff Perspect	an In-Shelter Drug Poisoning Manage ives and Experiences	ement Program in Calgary	, AB:	
Date of Examination: 2024-10-22	Time of Examination: 1:00 PM	Place of Examination: F Person in room HS G34 Boardroom)	,	
	Information			
This exam is: Open				
The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.				
 Proctors are not required In the case of examination Chair must also attend in The Neutral Chair must be of emergency or unanticip If the student is attending the examin person (e.g., friend, roommate, relative with no possibility of re-connection of Chair and will be used only for the all Name of contact person(s): 	ns in which two or more individuals are person. e provided with contact information of pated situations. nation remotely, they must provide the ve) who can be contacted in case the r for emergencies. This information must	e attending in person, the the student and all examitelephone number of at leconnection with the students be communicated to abortos):	ners in case east one ent is lost o the Neutral	
Examination Committee		Attending remotely?	Clear of conflict of interest	
Dr Karen Tang, Supervisor, Commun	<u> </u>		N/A	
•	o-Supervisor, Community Health Scien		N/A	
	mmittee Member, Community Health		N/A	
	nmittee Member, Community Health S	ciences	N/A	
Dr Liza Ann Karen Lorenzetti, Interna	al Examiner, Social Work			

 □ That the thesis will be/has been sent to the examination committee at least three weeks be examination** **If the above criterion has not been met, supervisor is responsible for collecting from the exam agreement to read the thesis in a shorter period of time. 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 years. *If the above criteria have not been met, please attach a memo explaining why the program smake the recommendation. □ The student named above has met all program requirements to proceed to Oral Examination. 	niners proof of am in the past two still wishes to		
examination** **If the above criterion has not been met, supervisor is responsible for collecting from the exam agreement to read the thesis in a shorter period of time. **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 years.	niners proof of		
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	elore the thesis		
 A.1.1. That all members of the Supervisory committee have reviewed the student's research, a resample of the material related to the thesis, and/or the draft thesis document and provided that the defence can be scheduled. All consents must be held at the program. 	d written consent		
make the recommendation. ☐ That the thesis meets the minimum standard set out in Thesis and Thesis Examination Re	gulations Section		
*If the above criteria have not been met, please attach a memo explaining why the program s	still wishes to		
 □ has not collaborated with the Supervisor in the past five years □ is not closely related to, or has not worked with the candidate 			
☐ is not a close personal friend of the Supervisor			
 has experience in evaluating theses at the graduate level has experience in supervising to completion at the graduate level 			
□ has expertise in the area of the student's research			
That the Internal Examiner meets the following criteria*: ☐ has well-established research reputation			
The Supervisor's signature below verifies:			
Supervisor's Acknowledgement			
Date: Candidate Signature:			
Acknowledgement The student's signature below acknowledges the examination arrangements.			
If yes, please submit a completed Indigenous Cultural Protocol Plan form with the Notice of Examination.	f Thesis Oral		
□ Yes □ No			
Will the student incorporate Indigenous ceremonies and/or traditions into the exam?			
choodinged to most porato margonous coromonics and/or traditions into their exame.			
procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting a Indigenous graduate students and those who are working with Indigenous Elders or Knowledgencouraged to incorporate Indigenous ceremonies and/or traditions into their exams.	nd beina.		