

Candidate: Isherwood,Leah Jeanette

Department/Program: Community Health Sciences

## **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

Date: 2024-11-04

UCID:

Degree: Master of Science S	pecialization: Epidemiology				
Final Thesis Title: Metabolic and Anthropometric Adverse Effects of Psychotropic Drugs in Children and Youth					
Date of Examination: 2024-12-11	Time of Examination: 9:00 AM	Place of Exa Zoom in roor Office Board	n HS G344		
	Information				
This exam is: Open  The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes.					
<ul> <li>Will there be at least one person attending the exam remotely?</li> <li>☐ Yes</li> <li>☐ No</li> <li>Notes:</li> <li>• Remote examinations will be conducted according to FGS guidelines.</li> <li>• Proctors are not required for remote examinations.</li> <li>• In the case of examinations in which two or more individuals are attending in person, the Neutral Chair must also attend in person.</li> <li>• The Neutral Chair must be provided with contact information of the student and all examiners in case of emergency or unanticipated situations.</li> <li>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.</li> </ul>					
Name of contact person(s):	Telephone num	ber(s):			
Examination Committee			Attending remotely?	Clear of conflict of interest	
Zack Marshall, Neutral Chair, Community Health Sciences			N/A		
Dr Scott Burton Patten, Supervisor, Community Health Sciences			Yes	N/A	
Dr Kirsten Marie Bobawsky, Supervi Sciences	sory Committee Member, Community H	lealth		N/A	
Dr Andrew Gabriel McKay Bulloch, Supervisory Committee Member, Community Health Sciences		Yes	N/A		
Dr Tamara Milka Pringsheim, Super Sciences	visory Committee Member, Community	Health		N/A	
Dr Tyler Scott Williamson, Internal E	xaminer, Community Health Sciences				

<ul> <li>□ That the thesis will be/has been sent to the examination committee at least three weeks be examination**</li> <li>**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.</li> <li>Date: Supervisor Signature:</li> <li>□ The Graduate Program Director's signature below verifies*:</li> <li>□ That the Internal Examiner is external to the student's program (if required).</li> <li>□ That the External Examiner has not served as an external examiner in the student's program years.</li> <li>*If the above criteria have not been met, please attach a memo explaining why the program smake the recommendation.</li> <li>□ The student named above has met all program requirements to proceed to Oral Examination.</li> </ul>	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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<ul> <li>A.1.1.</li> <li>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.</li> </ul>	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
<ul> <li>□ has not collaborated with the Supervisor in the past five years</li> <li>□ is not closely related to, or has not worked with the candidate</li> </ul>	
☐ is not a close personal friend of the Supervisor	
<ul> <li>has experience in evaluating theses at the graduate level</li> <li>has experience in supervising to completion at the graduate level</li> </ul>	
□ 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	
The student's signature below acknowledges the examination arrangements.  Date:  Candidate Signature:	
Acknowledgement  The studently signature below asknowledges the average stick are a second as a second seco	
If yes, please submit a completed <b>Indigenous Cultural Protocol Plan</b> form with the Notice of Examination.	f Thesis Oral
□ Yes □ No	
Will the student incorporate Indigenous ceremonies and/or traditions into the exam?	
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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.