## UNIVERSITY OF CALGARY

## **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: Kotani,Hana		Date: 2025-05-02	ι	JCID:		
Department/Program: Community Health Sciences						
Degree: Master of Science Specialization: Health Services Research						
Final Thesis Title: Experiences of Continuity of Care in Relation to Emergency Department Encounters for Patients with Kidney Failure: A Qualitative Study						
i Data ni Evamination. 2025-19-20 - Etima ni Evamination, attit alvi - E		Place of E on ZOOM	amination: Fully Remote			
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? <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Notes: <ul> <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> </ul> </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> <li>Name of contact person(s):</li>						
Examination Committee		Attending remotely?	Clear of conflict of interest			
Dr Alexandra CM Harrison, Neutral Chair, Medical Science			Yes	N/A		
Dr Meghan Jennifer Elliott, Supervisor, Community Health Sciences			Yes	N/A		
Dr Tyrone Gorden Harrison, Supervisory Committee Member, Community Health Sciences			Yes	N/A		
Dr Stephanie Thompson, Supervisory Committee Member, Community Health Sciences				N/A		
Dr Graham Philip McCaffrey, Internal Examiner, Nursing				Yes		

Membership of Examination Committee					
For Faculty of Graduate Studies use only  Membership of Examination Committee					
Date: GPD name (print): GPD Signature:					
If approval is conditional, please describe:					
☐ The student named above has met all program requirements to proceed to Oral Examination, complete required course work, maintained a grade point average of at least 3.0 where applicable, appropriate for ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file.					
<ul> <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 in the pas years.</li> <li>*If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation.</li> </ul>	t two				
Date: Supervisor Signature:  The Graduate Program Director's signature below verifies*:					
**If the above criterion has not been met, supervisor is responsible for collecting from the examiners proof cagreement to read the thesis in a shorter period of time.	f				
<ul> <li>A.1.1.</li> <li>That all members of the Supervisory committee have reviewed the student's research, a relevant written sample of the material related to the thesis, and/or the draft thesis document and provided written constitute that the defence can be scheduled. All consents must be held at the program.</li> <li>That the thesis will be/has been sent to the examination committee at least three weeks before the these examination**</li> </ul>	ent				
<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> <li>*If the above criteria have not been met, <b>please attach a memo</b> explaining why the program still wishes to make the recommendation.</li> <li>□ That the thesis meets the minimum standard set out in Thesis and Thesis Examination Regulations Section</li> </ul>	otion				
<ul> <li>□ has expertise in the area of the student's research</li> <li>□ has experience in evaluating theses at the graduate level</li> <li>□ has experience in supervising to completion at the graduate level</li> <li>□ is not a close personal friend of the Supervisor</li> </ul>					
The Supervisor's signature below verifies:  That the Internal Examiner meets the following criteria*:  □ has well-established research reputation					
Date: Candidate Signature:  Supervisor's Acknowledgement					
The student's signature below acknowledges the examination arrangements.  Date: Candidate Signature:					
☐ Yes ☐ No  If yes, please submit a completed Indigenous Cultural Protocol Plan form with the Notice of Thesis Oral Examination.  Acknowledgement					
encouraged to incorporate Indigenous ceremonies and/or traditions into their exams.  Will the student incorporate Indigenous ceremonies and/or traditions into the exam?					
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					