

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: Bishay,Kirles	Date: 2022-05-25	UCID:
Department/Program: Community Health Sciences		
Degree: Master of Science	Specialization: Epidemiology	
Final Thesis Title: Incidence and Risk Factors Associated with Endoscopic Retrograde Cholangiopancreatography-Related Bleeding		

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 attending the exam remotely?

☐ Yes

☐ No

Notes:

- 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 Examination: 12:00 PM	Place of Examination: Fully Remote	
Examination Committee		Attending remotely?	Clear of conflict of interest
Dr Alexandra CM Harrison, Neutral Chair, Medical Science		Yes	N/A
Dr Nauzer Forbes, Supervisor, Community Health Sciences		Yes	N/A
Dr Steven James Heitman, Co-Supervisor, Community Health Sciences		Yes	N/A
Dr Ronald John B Bridges, Supervisory Committee Member, Community Health Sciences		Yes	N/A
Dr Robert Jay Hilsden, Supervisory Committee Member, Community Health Sciences		Yes	N/A
Dr Elijah D Dixon, Internal Examiner, Community Health Sciences		Yes	<input type="checkbox"/>

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: _____