

## **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.

	IIIIOIIIIation			
Candidate: Shah,Fatima Intizar	Date: 2025-02-21	UCID:		
Department/Program: Community Health Sciences				
Degree: Master of Science Specialization: Health Services Research				
Final Thesis Title: Management of Agitation in Emergency Medical Services for Older Adults: A Multi Methods Exploration in Alberta, Canada				
Date of Examination: 2025-03-28	Time of Examination: 8:30 AM	Place of Examination: Fully In- Person in Room HS G344		
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):**				
<b>Examination Committee</b>		Attending remotely?	Clear of conflict of interest	
Dr Alexandra CM Harrison, Neutral Chair, Medical Science			N/A	
Dr Zahra Shirin Goodarzi, Supervisor, Community Health Sciences			N/A	
Sciences			N/A	
Dr Krista Margaret Reich, Supervisory Committee Member, Community Health Sciences			N/A	
Dr Stephanie D VandenBerg, Internal Examiner, Medical Science				

ii'taa'poh'to'p, the University of Calgary's Indigenous Strategy, seeks to ensure that policies	•			
procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting				
Indigenous graduate students and those who are working with Indigenous Elders or Knowle	eage 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 <b>Indigenous Cultural Protocol Plan</b> form with the Notice	e of Thesis Oral			
Examination.				
Acknowledgement  The studently signature helps asknowledges the average state of the studently signature in the studently signatu				
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				
<ul> <li>has expertise in the area of the student's research</li> <li>has experience in evaluating theses at the graduate level</li> </ul>				
□ has experience in evaluating trieses 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	m still wishes to			
make the recommendation.				
☐ That the thesis meets the minimum standard set out in Thesis and Thesis Examination	Regulations Section			
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That all members of the Supervisory committee have reviewed the student's research, a				
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.				
☐ That the thesis will be/has been sent to the examination committee at least three weeks	s before the thesis			
examination**				
**If the above criterion has not been met, supervisor is responsible for collecting from the ex	kaminers proof of			
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 pro	ogram in the past two			
years.				
*If the above criteria have not been met, please attach a memo explaining why the program	m still wishes to			
make the recommendation.				
☐ The student named above has met all program requirements to proceed to Oral Examir	nation completed the			
required course work, maintained a grade point average of at least 3.0 where applicable	•			
ethics approval has been received for the student's research, and document of Supervision				
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:				