

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	<u></u>	
Candidate: Bele,Sumedh	Date: 2022-06-29	UCID:	
Department/Program: Community He	ealth Sciences		
Degree: Doctor of Philosophy Sp	pecialization: Health Services Research	1	
Final Thesis Title: Investigating the In Measures in Alberta	mplementation of Pediatric Patient-rep	orted Outcome and Experience	
Date of Examination: 2022-07-21 Time of Examination: 8:30 AM Plants		Place of Examination: Fully Remo	ote
	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 unanticing If the student is attending the examination person (e.g., friend, roommate, relations) 	ns in which two or more individuals are person. e provided with contact information of pated situations. nation remotely, they must provide the ive) who can be contacted in case the r for emergencies. This information m	e attending in person, the Neutral the student and all examiners in cattelephone number of at least one connection with the student is lost ust be communicated to the	ıse
Examination Committee		Attending Clear of cor remotely? cf interes	
Dr Maria Jose Santana, Supervisor, Community Health Sciences		Yes N/A	
Dr David Wyatt Johnson, Supervisory Committee Member, Medical Science			
Dr Elizabeth Oddone Paolucci, Supervisory Committee Member, Community Health Sciences			
Dr Hude Quan, Supervisory Committee Member, Community Health Sciences			
Dr Tammie Dewan, Internal Examine	•	Yes 🗆	
Dr Robert Klaassen, External Examiner, University Of Ottawa		Yes □	

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:		