

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.

| Student Information | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------|---|---------------|-------------------------------|--|--|
| Candidate: Ma,Roger Chiu | | Date: 2020-11-18 | Į | JCID: | | | |
| Department/Program: Biochemistry & Molecular Biol | | | | | | | |
| Degree: Doctor of Philosophy Specialization: N/A | | | | | | | |
| Final Thesis Title: Origin and divers | ification of tissue-re | sident fibroblasts | | | | | |
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| Examination Information | | | | | | | |
| This exam is: Open | | | | | | | |
| This examination will be conducted under the current Thesis and Thesis examination regulations and | | | | | | | |
| administrative processes. | | | | | | | |
| Date of Examination: 2021-02-12 | Time of Examination: 10:00 AM Place of Examin | | | xamination: Z | nination: Zoom | | |
| Examination Committee | | | | | Clear of conflict of interest | | |
| Dr Jonathan Lytton, Neutral Chair, Biochemistry and Molecular Biology | | | | | N/A | | |
| Dr Peng Huang, Supervisor, Biochemistry and Molecular Biology | | | | | N/A | | |
| Dr Savraj Singh Grewal, Supervisory Committee Member, Biochemistry and Molecular Biology | | | | | N/A | | |
| Dr Paul Elliott Mains, Supervisory Committee Member, Biochemistry and Molecular Biology | | | | | N/A | | |
| Dr John Andrew Cobb, Internal Examiner, Biological Sciences | | | | | | | |
| Dr Marie-Andree Akimenko, External Examiner, University Of Ottawa | | | | | | | |
| Student's 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 have 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. | | | | | | | |

| Date: | Dean Faculty | v of Graduate S | tudies (or designate) Signature: | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Membership of Examination Committee ☐ Approved ☐ Not Approved | | | | | | |
| For Faculty of Graduate Studies use only | | | | | | |
| | | | | | | |
| 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, completed the required course work, maintained a grade point average of at least 3.0, appropriate formal ethics approval has been received for the student's research, and document of Supervisory Committee approval is on file. | | | | | | |
| *If the above criteria have not been met, please attach a memo explaining why the program still wishes to make the recommendation. | | | | | | |
| 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. | | | | | | |
| Graduate Program Director's (GPD) Acknowledgement | | | | | | |
| Date: | Superv | visor Signature: | | | | |
| student's researc | h, relevant written samp | le of the materia | ory Committee if applicable, have reviewed the all related to the thesis, and/or the draft thesis can be scheduled. All consents must be held at the | | | |