HEALTH RESEARCH METHODOLOGY

GRADUATE PROGRAM MSc EDUCATION PLAN – ADDENDUM FORM

SEE GUIDELINES & COMMENTS FROM INITIAL FORM

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| **STUDENT ENROLMENT INFORMATION** *Please complete all sections and check appropriate boxes.* |
| **Student’s Name:** |  Click or tap here to enter text. |
| **Date of Entry:** |  Click or tap here to enter text. |
| **Advisor/Supervisor’s Name:** |  Click or tap here to enter text. |
| **Current Enrolment Option:** | *Please check the appropriate boxes* [ ]  Thesis-based [ ]  Course-based [ ]  Full-time [ ]  Part-time |
| **Co-op Placement:** | *Please check the appropriate box*[ ]  Yes [ ]  No |
| **Field of Specialization:** | *Please check the appropriate box*[ ]  HRM Classic [ ]  Clinical Epidemiology [ ]  Health Technology Assessment |

**REVISED EDUCATION PLAN**

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| **DEGREE REQUIREMENTS** *Please fill in the requirements planned for the degree.* |
| **Graduate Courses:** | Common Courses: |  Click or tap here to enter text. |
| Field-specific Courses: |  Click or tap here to enter text. |
| Electives: |  Click or tap here to enter text. |
| **Scholarly Paper/Thesis:** |  Click or tap here to enter text. |
| **Research Internship:** |  Click or tap here to enter text. |

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| **SIGNATURES – EDUCATION PLAN (ADDENDUM FORM)***Please ensure that all signatures are obtained before submitting to hrmasst@mcmaster.ca* |
| **Student’s Signature:** |   |
| **Advisor/Supervisor’s Signature:** |   |
| **Field Leader’s Signature:** |   |
| **Date:** |   |

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