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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