**HEALTH RESEARCH METHODOLOGY**

**GRADUATE PROGRAM MSc EDUCATION PLAN**

# GUIDELINES

1. The Education Plan should be submitted by the advisor/supervisor as soon as possible, **usually no later than January 15.**  For HRM Classic, it is expected that the advisor and student consult each other before completing this task. For students who wish to specialize in a field, it is expected that the advisor/supervisor and student consult the field leader before completing this task.
2. The education plan must be signed by the student and the advisor/supervisor before it is submitted to the HRM Program. The Education Plan will be included in the student’s file and it will serve as a reference document.

# COMMENTS

* It may be necessary in certain instances for students to take more course work than stipulated by the Graduate Calendar as the minimum.
* For HRM Classic, the Education Plan may be revised based on the advice of the student’s advisor/supervisor. For students who wish to specialize in a field, any revisions should be made in consultation with the student’s advisor/supervisor *and* the field leader to ensure the completion of field degree requirements necessary for graduation.
* If there are changes to the Education Plan, please submit any addendums to the HRM Program Office via hrmasst@mcmaster.ca.

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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 |
| **Field of Specialization:** | *Please check the appropriate box*  HRM Classic  Clinical Epidemiology  Health Technology Assessment |

**INTENDED EDUCATION PLAN**

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| **DEGREE REQUIREMENTS** (to be completed by no later than January 15th) *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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**GRADUATE PROGRAM MSc EDUCATION PLAN**

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| **SIGNATURES – INTENDED EDUCATION PLAN**  *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:** | Click or tap to enter a date. |

Changes to this plan should be reviewed by the advisor/supervisor and the appropriate field leader (if applicable). Also, in order to graduate with a field of specialization designation, the field leader needs to review and approve:

* 1. any changes to the intended education plan <MSc Education Plan Addendum Form>
  2. your completed work (i.e., graduate courses, scholarly paper/thesis and research internship) will be reviewed at the end of your study to ensure that you meet the requirements for the field of specialization.

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| **COMPLETED EDUCATION PLAN**  *Please complete all fields and check the appropriate box.* |
| **Degree requirements completed as intended?**   Yes  No |
| *If no, please indicate all changes in the space provided and attach any education plan addendum forms.*  Click or tap here to enter text. |

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| **FINAL SIGNATURES – COMPLETED EDUCATION PLAN**  *The student, advisor/supervisor, and field leader must sign this form before the student can be cleared to graduate by the Program.*  *You must sign this form to indicate that the student completed the necessary degree requirements.* | |
| **Student’s Signature:** |  |
| **Advisor/Supervisor’s Signature:** |  |
| **Field Leader’s Signature:** |  |
| **Date:** | Click or tap to enter a date. |