

**HRM COMPREHENSIVE EXAMINATION
INDEPENDENT STUDY PLAN OF STUDY PROPOSAL FORM**

PLEASE NOTE:

1. The *HRM Comprehensive Examination – Independent Study Plan of Study* must be completed by all Health Research Methodology students completing their comprehensive examinations.
2. All sections of this form **must** be completed. This form must be **signed** by the Independent Study Supervisor, the Dissertation Supervisor, the Member-at-Large and the Student.
3. This form and a copy of your curriculum vitae must be submitted to hrmasst@mcmaster.ca by June 1. Lorraine circulates the documents to the Board of Comprehensive Examiners for review.

Date:	
Student Name:	
Dissertation Supervisor:	
Members of Supervisory Committee:	
Independent Study Supervisor:	
Member-at-Large:	
Independent Study Proposal: (<i>Length = 1.5 pages single-spaced maximum; see Table 1 at the end of this form for tips on how to prepare your proposal</i>).	

Independent Study Proposal (continued from previous page):

Relevance of Proposed Independent Study Topic to Your Doctoral Training Goals: *(What is your PhD Dissertation topic? How is your IS study topic distinct from your PhD dissertation topic? How is your IS proposal topic relevant to your doctoral training goals?)*

What are the challenges to successfully completing your independent study? How will you address them? That is, do you have a Plan B if an insoluble problem arises and you can't pursue your IS topic as proposed?

Interim Progress Report (to be submitted in early December): *(Provide a list of headings and state the page length for the interim progress report. This description should clearly indicate the specific aspects of progress the supervisor expects the student to report on. The interim progress report is evaluated by the Independent Study Supervisor and makes up 10% of the final grade for the Independent Study component of the Comprehensive Exam.*

Independent Study Project Timeline: *(Please provide a timeline for completion of the key elements of your IS project including meetings with your IS supervisor, etc.)*

I _____, [Name of Student] recognize that by signing this form I accept all responsibility in ensuring the completion of the Independent Study project. I understand that the Independent Study Supervisor will play a consultative role in this project and that my work will be done independently. I understand that contact with my Member-at-Large regarding this project is only allowed up to the end of the month of September. I also recognize that this agreement can be revised at any time, but that all parties must sign the new agreement.

By signing, each of the parties agrees that all aspects of the IS study described above are appropriate for a Comprehensive Examination Independent Study Project.

Signatures of:

Ph.D. Student:

Independent Study Supervisor:

Dissertation Supervisor:

Member-at-Large: