HEALTH RESEARCH METHODOLOGY

GRADUATE PROGRAM PhD EDUCATION PLAN - ADDENDUM FORM

SEE GUIDELINES & COMMENTS FROM INITIAL FORM

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| **STUDENT ENROLMENT INFORMATION**  *Please complete all fields and check the appropriate box* | |
| **Student’s Name:** | Click or tap here to enter text. |
| **Date of Entry:** | Click or tap here to enter text. |
| **Supervisor’s Name:** | Click or tap here to enter text. |
| **Field of Specialization:** | *Please check the appropriate box*  HRM Classic  Clinical Epidemiology  Biostatistics  Health Technology Assessment |

REVISED EDUCATION PLAN

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| **DEGREE REQUIREMENTS** *Please fill in the requirements planned for the degree.* | | |
| **Graduate Courses:** | Field-specific Courses: | Click or tap here to enter text. |
| Electives: | Click or tap here to enter text. |
| Possible additional make-up courses: | Click or tap here to enter text. |
| **Thesis:** | Plan: | Click or tap here to enter text. |
| Keywords: | Click or tap here to enter text. |
| **Comprehensive Examination:**  *Please outline the potential topic and Supervisor for the Independent Study* | Click or tap here to enter text. | |

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| **SUPERVISORY COMMITTEE MEMBERS\*** *Please indicate if there have been any changes to your supervisory committee.* | |
| **Changes:** | Click or tap here to enter text. |

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