

**HEALTH RESEARCH METHODOLOGY
GRADUATE PROGRAM PhD EDUCATION PLAN - ADDENDUM FORM**

SEE GUIDELINES & COMMENTS FROM INITIAL FORM

STUDENT ENROLMENT INFORMATION	
<i>Please complete all fields and check the appropriate box</i>	
Student's Name:	
Date of Entry:	
Supervisor's Name:	
Field of Specialization:	<i>Please check the appropriate box</i> <div style="display: flex; justify-content: space-around; font-size: small;"> HRM Classic Clinical Epidemiology Biostatistics </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Health Technology Assessment </div>

REVISED EDUCATION PLAN

DEGREE REQUIREMENTS <i>Please fill in the requirements planned for the degree.</i>		
Graduate Courses:	Field-specific Courses:	
	Electives:	
	Possible additional make-up courses:	
Thesis:	Plan:	
	Keywords:	
Comprehensive Examination:		
<i>Please outline the potential topic and Supervisor for the Independent Study</i>		

SUPERVISORY COMMITTEE MEMBERS* <i>Please indicate if there have been any changes to your supervisory committee.</i>	
Changes:	

SIGNATURES –EDUCATION PLAN (ADDENDUM)	
<i>Please ensure that all signatures are obtained before submitting to the hrmasst@mcmaster.ca</i>	
Student's Signature:	
Supervisor's Signature:	
Field Leader's Signature:	
Date:	