

**HEALTH RESEARCH METHODOLOGY
GRADUATE PROGRAM MSc EDUCATION PLAN – ADDENDUM FORM**

SEE GUIDELINES & COMMENTS FROM INITIAL FORM

STUDENT ENROLMENT INFORMATION <i>Please complete all sections and check appropriate boxes.</i>	
Student's Name:	
Date of Entry:	
Advisor/Supervisor's Name:	
Current Enrolment Option:	<i>Please check the appropriate boxes</i> <input type="checkbox"/> Thesis-based <input type="checkbox"/> Course-based <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Co-op Placement:	<i>Please check the appropriate box</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Specialization:	<i>Please check the appropriate box</i> <input type="checkbox"/> HRM Classic <input type="checkbox"/> Clinical Epidemiology <input type="checkbox"/> Biostatistics <input type="checkbox"/> Health Services Research <input type="checkbox"/> Population & Public Health <input type="checkbox"/> Health Technology Assessment

REVISED EDUCATION PLAN

DEGREE REQUIREMENTS <i>Please fill in the requirements planned for the degree.</i>		
Graduate Courses:	Common Courses:	
	Field-specific Courses:	
	Electives:	
Scholarly Paper/Thesis:		
Research Internship:		

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