

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

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**SEE GUIDELINES & COMMENTS FROM INITIAL FORM**

<b>STUDENT ENROLMENT INFORMATION</b> <i>Please complete all sections and check appropriate boxes.</i>	
<b>Student's Name:</b>	
<b>Date of Entry:</b>	
<b>Advisor/Supervisor's Name:</b>	
<b>Current Enrolment Option:</b>	<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
<b>Co-op Placement:</b>	<i>Please check the appropriate box</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Field of Specialization:</b>	<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**

<b>DEGREE REQUIREMENTS</b> <i>Please fill in the requirements planned for the degree.</i>	
<b>Graduate Courses:</b>	Common Courses: <span style="float: right;">_____</span>
	Field-specific Courses: <span style="float: right;">_____</span>
	Electives: <span style="float: right;">_____</span>
<b>Scholarly Paper/Thesis:</b>	
<b>Research Internship:</b>	

<b>SIGNATURES – EDUCATION PLAN (ADDENDUM FORM)</b> <i>Please ensure that all signatures are obtained before submitting to the HRM Program Office, HSC-2C5B</i>	
<b>Student's Signature:</b>	
<b>Advisor/Supervisor's Signature:</b>	
<b>Field Leader's Signature:</b>	
<b>Date:</b>	