

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

**SEE GUIDELINES & COMMENTS FROM INITIAL FORM**

<b>STUDENT ENROLMENT INFORMATION</b>	
<i>Please complete all fields and check the appropriate box</i>	
<b>Student's Name:</b>	
<b>Date of Entry:</b>	
<b>Supervisor's Name:</b>	
<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>	Field-specific Courses:	
	Electives:	
	Possible additional make-up courses:	
<b>Thesis:</b>	Plan:	
	Keywords:	
<b>Comprehensive Examination:</b> <i>Please outline the potential topic and Supervisor for the Independent Study</i>		

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

<b>SIGNATURES –EDUCATION PLAN (ADDENDUM)</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>Supervisor's Signature:</b>	
<b>Field Leader's Signature:</b>	
<b>Date:</b>	