

**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> <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:	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 HRM Program Office, HSC-2C1.</i>	
Student's Signature:	
Supervisor's Signature:	
Field Leader's Signature:	
Date:	