

# HEALTH RESEARCH METHODOLOGY GRADUATE PROGRAM PhD EDUCATION PLAN

## GUIDELINES

1. The Education Plan should be submitted by the supervisor as soon as possible, **but in no instance later than January 15**. For HRM Classic, it is expected that the supervisor and student consult each other before completing this task. For students who wish to specialize in a field, it is expected that the supervisor and student consult the field leader before completing this task.
2. For HRM Classic, the education plan must be signed by the student and the supervisor before it is submitted. **For students who wish to specialize in a field, the Education Plan must be signed by the student, supervisor and the designated field leader** in at least two instances: i) when the Education Plan is determined ii) **before the student can be cleared to graduate**.
3. The advisor/supervisor should forward the completed form to the HRM Program Office, HSC-2C1. The Education Plan will be included in the student's file and it will serve as a reference document.

## COMMENTS

- It may be necessary in certain instances for students to take more course work than stipulated by the Graduate Calendar as the minimum.
- For HRM Classic, the Education Plan may be revised based on the advice of the student's supervisor. For students who wish to specialize in a field, any revisions should be made in consultation with the student's supervisor, **and** the field leader to ensure the completion of field degree requirements necessary for graduation.
- The projected thesis work should be adhered to as closely as possible. If a major departure from the original plan becomes necessary, a Supervisory Committee meeting should be called.
- If there are changes to the Education Plan, please submit any addendums to the HRM Program Office, HSC-2C1.

<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

## INTENDED 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 (refer to degree requirement table: <a href="http://fhs.mcmaster.ca/hrm/documents/PhD%20Curriculum%20Requirements">http://fhs.mcmaster.ca/hrm/documents/PhD%20Curriculum%20Requirements</a> )	
<b>Thesis:</b>	Plan:	
	Keywords:	
<b>Comprehensive Examination:</b> <i>Please outline the potential topic and Supervisor for the Independent Study (if known)</i>		

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**SUGGESTED SUPERVISORY COMMITTEE MEMBERS\*** *Please fill in the following information*

<b>Second Member:</b>	
<b>Third Member:</b>	
<b>Fourth Member (Optional):</b>	
<b>Proposed Date of First Meeting:</b>	

\*Please note: the second member of the supervisory committee **must** be an approved Health Research Methodology graduate faculty and the third member **must** be **either** an approved HRM graduate faculty **or** from another Department in which he/she is entitled to supervise graduate students

**SIGNATURES – INTENDED EDUCATION PLAN**

*Please ensure that all signatures are obtained before submitting to the  
HRM Program Office, HSC-2C1.*

<b>Student's Signature:</b>	
<b>Supervisor's Signature:</b>	
<b>Field Leader's Signature:</b>	
<b>Date:</b>	

Changes to this plan should be reviewed by the appropriate field leader. Also, In order to graduate with a field of specialization designation, the field leader needs to review and approve:

- a. any changes to the intended education plan <PhD Education Plan Addendum Form>
- b. your completed work (i.e., graduate courses, comprehensive examination and dissertation) will be reviewed at the end of your study to ensure that you meet the requirements for the field of specialization.

**COMPLETED EDUCATION PLAN**

*Please complete all fields and check the appropriate box.*

**Degree requirements completed as intended?**

Yes       No

*If no, please indicate all changes in the space provided and attach any education plan addendum forms.*

**FINAL SIGNATURES – COMPLETED EDUCATION PLAN**

*The student, advisor/supervisor, and field leader must sign this form before the student can be  
cleared to graduate by the Program.*

*You must sign this form to indicate that the student completed the necessary degree requirements.*

<b>Student's Signature:</b>	
<b>Supervisor's Signature:</b>	
<b>Field Leader's Signature:</b>	
<b>Date:</b>	