MSc HSED Thesis Proposal

In order to proceed with your thesis, please complete the following form and submit it to the HSEd Curriculum Committee for review via e-mail at

hsed@mcmaster.ca

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| *Title of thesis:* | | |
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| *Question posed for thesis – one (1) sentence:* | | |
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| *What type of thesis is it? (E.g. analysis design, original research, and/or interpretation of data, etc.):* | | |
|  | | |
| *List and briefly describe the methodological or analytic problems which you think you may encounter and will have to solve in the execution of your thesis:* | | |
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| *Why did you select this topic?* | | |
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| *A brief statement of the implications of this work to the understanding of health and health care:* | | |
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| *Your thesis committee members including the external reviewer (if identified):* ***Must have SGS Status*** | | |
| Committee Member  1.  2.  3. | Department | Position (Supervisor or Member) |
| *Declaration:* | | |
| I,      , verify that this thesis does not represent a significant overlap with any papers written for courses in the Health Science Education program.  Student’s Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Committee Member’s Signatures Date| | |

Please list the \* HSEd courses you have completed and the title of the final assignment you submitted for each course.

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| HSED Courses Completed | Title of Final Assignment |
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| \*\* For Internal Use Only \*\* | |
| Date Proposal Received for Review: |  |
| Date Curriculum Committee Approved: |  |
| MSc Director Approved: |  |
| Reader #2: |  |
| Date Student Notified of Approval: |  |
| Date Thesis Due: |  |
| Notes, rewrites if any: |  |
| Revisions Needed  Date Sent Back: |  |
| Comments from Committee Attached: |  |