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?* |
|       |
| *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 Member1.      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 Date1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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: |  |