

# Project & Thesis Proposal

## Honours Health Sciences Program



1. Fill and save this form in Adobe Acrobat 2. Refer to the Project/Thesis Timeline for Submission Deadlines

Please note: The file name should be saved in this format: COURSE CODE\_LAST NAME\_FIRST NAME.pdf (e.g., 3H03\_Ritz\_Stacey.pdf)

### A Student Information

Student Name :

Student Number:

Student Email:

Level : Level III      Level IV      Other

Program : Core      CHS      Other

Course :      Do you exceed the 9 (Project) or 18 (Thesis) units limit, if you enroll in this course? :      Yes      No

### B Supervisor Information

Supervisor Name :

Supervisor Title :

Supervisor Email :

Supervisor Faculty and Department :

Additional Supervisor(s), if applicable :

#### If non-McMaster Employee

Supervisor Affiliation :

Supervisor Phone :

Supervisor Address :

### C Project/Thesis Information

Title Topic :

Area :

Location :      Type :

Term :      Start Date :

month      year

## D Evaluation Criteria

	Breakdown %

Total:

## E Project Descriptors

Select **all** that apply to your project:

Systematic Review

Literature Review

Scoping Review

Meta-Analysis

Laboratory

Clinical Data

Includes Animals

Includes Human Subjects

Interaction with patients in a clinical setting or as research subjects (**in-person ONLY**)

## F Time Commitment Expectations - Project Only

As an estimate, the expectation is that a student will commit a total of approximately 80 - 100 hours of time for every 3 units of project work.

Student Initials :

Date :

*mm/dd/yyyy*

Supervisor Initials :

Date :

*mm/dd/yyyy*

## G Training Record

You must review the [BHSc Placement/Project/Thesis Requirements](#) chart for safety training requirements, which may also include health screening, unpaid work placement forms, and risk management forms. This will be determined by your project type and location. Safety training dates of completion **MUST** be indicated below.

	Training	Date of Completion
Ethics	Complete the Ethics Training <a href="#">here</a>	
Mosaic Safety Training	AODA and Human Rights Code (AODA)	
	SAFE Training (NEW): <ul style="list-style-type: none"> <li>• Asbestos Awareness (ACBEST)</li> <li>• Slips, Trips and Falls (SLPTRP)</li> <li>• Fire Safety</li> <li>• Ergonomics</li> </ul>	
	Health and Safety Orientation (HSORI)	
	Violence and Harassment Prevent (VHPW)	
	WHMIS 2015 (WHMS15)	
	Chemical Handling and Spills (CHEMHS)	
	FHS N95 Respirator (FHSN95)	
Public Health Ontario		
Fire Safety Training	FHS Hospital Fire Safety (FHSFSF)	
Additional Training		

### Further Guidelines

- You will need to login to your M365 Account to access the Ethics Training link.
- Be specific in the “Additional Training” category and mention the type of training. For example, Building Specific Training, Immunization Requirements, or Biosafety, etc.
- Dates are in **mm/dd/yyyy** format.
- If a training course does **not** apply to you, leave the date entry empty.

## H Ethics Screening

All research activities, whether conducted by students, faculty, or staff under the Honours Health Sciences Program, must align with the:

- **Tri-Council Policy** for Research Ethics.
- **Animal Utilization Protocol (AUP)**.
- **Canadian Biosafety Standards**.
- **Guidelines of the Public Health Agency of Canada (PHAC)**.

The primary supervisor is responsible for ensuring that all appropriate ethics approvals are in place for the proposed project, and that the student receives appropriate training and oversight with respect to research ethics. Please see the [McMaster Research & Innovation page on Ethics Review & Certifications](#) for more information.

Does this project require research ethics approval?

**Yes**

(Approval Already Obtained) – Move to Research Ethics Information Section.

**Yes**

(Approval Not Yet Obtained)

**No**

**Unsure**

## H Research Ethics Information

Provide your **research ethics information** below and obtain your supervisor's signature to complete the ethics screening part of the form.

Name of Research Ethics Board:	
REB Number:	
Date of approval or last renewal:	

*By initialing below, I acknowledge that it is my responsibility as the primary project supervisor to ensure that appropriate ethics approvals are in place for this student project.*

Supervisor Initials :

Date :

*mm/dd/yyyy*

## I Student Declaration

By signing this form, I affirm that:

- I have undertaken the mandatory health & safety training as per McMaster policy and will follow any additional health & safety policies required by your supervisor.
- I understand the ethics requirements of the research I will be carrying out and will follow the relevant research ethics policies.
- I will communicate regularly with my supervisor, and promptly advise them if circumstances arise that affect my progress in the research.

Student Signature:

Date:

*mm/dd/yyyy*

## J Supervisor Signature

As the supervisor of this student and project, your signature below confirms that:

- You acknowledge having reviewed and approved the content of the project coursework.
- You agree to undertake the responsibility of supervising the student throughout the specified project course.
- You acknowledge that you are responsible for ensuring appropriate ethics approvals are in place (where required), and that the research is carried out in accordance with the relevant health and safety policies at your institution.

Supervisor Signature:

Date:

*mm/dd/yyyy*

### Submission Links

If the SUBMIT button does not automatically attach this form to an email, please save the completed form, attach it to an email, and send it to the applicable email address below:

Project Email: [Submitt.lrlml0hmizufb8qh@u.box.com](mailto:Submitt.lrlml0hmizufb8qh@u.box.com)

Thesis Email: [Step\\_2\\_.v34vk3yarrxjks@u.box.com](mailto:Step_2_.v34vk3yarrxjks@u.box.com)

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If significant changes to the project /thesis description or evaluation scheme become necessary as the **project /thesis** unfolds, the supervisor and student should discuss any necessary adaptations and communicate changes to the Honours Health Sciences Program staff.

### Office Use Only

#### Forms Review:

*Date of Review*  
*mm/dd/yyyy*

*Review Notes*

#### **Notice of Collection:**

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Faculty of Health Sciences BHSc Program including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Health Sciences BHSc Program, McMaster University.