

PART A – TO BE COMPLETED BY THE CANDIDATE**PERSONAL/EMPLOYMENT DETAILS**

_____ (Title) _____ (Surname/Family Name) _____ (Christian Names/Given Names)

School/Department of Employment: _____ Group: _____

Date of appointment as staff member: _____ Staff Number: _____

PROGRAM DETAILS

Program: Graduate Certificate in Higher Education

Trimesters: Trimester 1 Trimester 2 Both Trimesters 1 and 2

Progress

Briefly describe the work undertaken since your last report, or since you commenced the program.

Please describe the outcomes that you are able to apply to your teaching practice that are the result of your participation in this course to date.

Please append academic transcript.

Are there any problems inhibiting your progress which you feel ought to be communicated to the Head of School/Department or Learning Futures Program Director?

Signature of Candidate

Date

PART B – TO BE COMPLETED BY HEAD OF SCHOOL/DEPARTMENT

The following support has been provided by the School/Department:

I have read the report and approve/do not approve * of a continuation of the bursary.

(* Please delete as appropriate)

Signature of Head of School/Department

Date

Name of Head of School/Department (Please print): _____

School/Department Account for funds transfer: _____

After School/Department endorsement has been obtained, return form to:

Learning Futures, Nathan campus

PART C – TO BE COMPLETED BY THE LEARNING FUTURES SUPERVISOR/PROGRAM DIRECTOR

Are you satisfied with the candidate's progress: Yes No

If NO, please elaborate:

Has the student completed the requirements for the program? Yes No

If student is continuing, do you recommend a continuation of the bursary? Yes No

If NO, please give reasons:

Signature of Supervisor/Program Director

Date

PART D – LEARNING FUTURES

Continuation of bursary approved / not approved*/not applicable

(* Please delete as appropriate)

Signature of Dean, Learning Futures

Date

- Learning Futures notified
- Candidate and Head of School/Department notified
- Funds transferred