

## POSTGRADUATE EDUCATION PATHWAY PLAN

Name: \_\_\_\_\_

Area of Practice: \_\_\_\_\_

Date: \_\_\_\_\_

Your academic pathway is an important consideration when you are thinking about undertaking postgraduate study. The purpose of the plan is to document your intended pathway whilst taking into consideration your personal preferences and circumstances, area of practice, professional career plan, individual, service and organisational goals and direction.

Your academic pathway plan must be **discussed with, and signed by**, a representative of your education provider and submitted with your application for postgraduate study. Please provide a copy to your education provider and keep one for your own records.

<b>POSTGRADUATE CERTIFICATE &amp; ENDORSEMENT</b>			
<i>Qualification Title:</i>			
<i>Paper Title &amp; Code</i>	<i>Tertiary Provider</i>	<i>Semester / Year</i>	<i>Comments</i>
<i>Anticipated year of completion:</i>			

<b>POSTGRADUATE DIPLOMA &amp; ENDORSEMENT:</b>			
<i>Qualification Title:</i>			
<i>Paper Title &amp; Code</i>	<i>Tertiary Provider</i>	<i>Semester / Year</i>	<i>Comments</i>
<i>Anticipated year of completion:</i>			

**MASTERS & ENDORSEMENT:**

*Qualification Title:*

<i>Paper Title &amp; Code</i>	<i>Tertiary Provider</i>	<i>Semester / Year</i>	<i>Comments</i>
Dissertation or thesis: Area of Interest/Topic			

*Anticipated year of completion:*

<i>Signature of individual</i>	
<i>Name and Signature of Manager</i>	
<i>Name and Signature of Representative from Education Provider</i>	