

ACADEMIC TITLEHOLDER DETAILS

University ID _____

Last Name _____ First (or chosen) Name _____

Current Level of Academic Title _____

(Note: Please attach an up-to-date CV for Academic Titleholders seeking renewal at the level of Professor (Level E) or Associate Professor (Level D).

Group _____ Host School / Element _____

Host Supervisor's Name: _____

FOCUS AREA:

Clinically Active
 Teaching Active
 Research Active
 Other _____

PERFORMANCE: (please tick as appropriate)

Clinical Teaching <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Resource Development <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Research <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Leadership in Profession <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Ambassador for host School / University <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Other: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

OVERALL PERFORMANCE:

Satisfactory
 Unsatisfactory

RECOMMENDATION OF HOST SUPERVISOR:

Renewal Recommended
 Renewal Not Recommended

COMMENTS AND CONTRIBUTIONS

FUTURE CONTRIBUTION

HOST SUPERVISOR

Signature: _____ Date: / /

Form Instructions: Host Supervisor and Academic Titleholder to retain copies.
 Please forward original completed form to:

- the Secretary, Academic Titles Committee for titleholders in Griffith Health or Griffith Sciences; or
- the Senior Deputy Vice Chancellor for titleholders