

Academic Titles Support & Development Plan

PERSONAL DETAILS			
University ID:	Surname:	Given Name/s:	
Host School/Element:		Discipline Area:	
Academic Title Awarded:		Email address:	
Host Supervisor's Name:		Date of meeting:	
Academic Title Benefits sought: Library Access			
GOALS AND OBJECTIVES			
Research			
Teaching			
Service Form Instructions: Host Supervisor and Academic Titleholder to retain copies			
Form Instructions: Host Supervisor and Academic Titleholder to retain copies. Please forward original completed form to Corporate Archives & Records Management Service (CARMS).			
DEVELOPMENT SUPPORT			
Describe the development support which may assist in achieving the goals and objectives.			
Research			
Teaching			
Service			
ACADEMIC TITLE HOLDER COMMENTS and SIGNATURE			
Comments			
PLEASE NOTE: Your demographic details and academic interests will be made available to host School/Element academic staff for curriculum and research planning purposes.			
Demographic details including contact details will also be stored to allow the host School/Element to send you general staff communications. If you do not wish your details to be made available for general staff communications please indicate below.			

I DO NOT WISH MY DETAILS TO BE MADE AVAILABLE FOR GENERAL STAFF COMMUNICATIONS FROM THE UNIVERSITY		
Signature:	Date	
SUPERVISOR		
Signature:	Date	

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