

Please read the [Academic Studies Program Policy](#) and [Academic Studies Program Procedures](#) before completing this form.

STAFF MEMBER DETAILS

Staff Number/Employee ID _____ Contact Number _____
 Last Name _____ First (or chosen) Name _____
 Last period of ASP From ____/____/____ to ____/____/____

Please attach last ASP Outcome Report and up-to-date Academic Portfolio

PROPOSED PROGRAM

- Please indicate in detail:
- Objectives of proposed program
 - the relationship of the program to your current teaching and/or research commitments
 - benefits which may be expected to accrue to you and to the University
 - the publications which might be expected to result
 - activities and their locations

PROPOSED DURATION (If greater than 6 months please attach business case)

Date from	Date to	Town/Country	Institution	Purpose
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

PROPOSED OTHER ABSENCE/LEAVE DATES

Absence	Commencement Date	Completion Date	Days
Conference/Seminar	/ /	/ /	
Recreation Leave	/ /	/ /	
Long Service Leave	/ /	/ /	
Leave Without Salary	/ /	/ /	
Special Duties	/ /	/ /	

Total Workdays Absent: _____ Return to work date: _____

Head of School:	HoS ID	HoS Signature	Date
Dean	Dean's ID	Dean's Signature	Date

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