



Academic Status Nomination

Status Details - Category and Level

Adjunct Full Clinical

ANU ID (if applicable):

 Teaching and Research Research Intensive Professor (Level E) Professor (Level E) Associate Professor (Level D) Associate Professor/Senior Fellow (Level D) Senior Lecturer (Level C) Fellow (Level C) Lecturer (Level B) Research Fellow (Level B) Associate Lecturer (Level A) Postdoctoral Fellow (Level A)

Details of Proposed Nominee

Title:		Telephone:	
Surname:		Mobile:	
Given Names:		Date of birth:	
Country of birth:		Citizenship:	
Email:			
Mailing Address:			
Current Appointment:			
Substantive employer notified of and agreed to proposed ANU status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who will oversee the nominee in their activities?			

Host Area Details

College/Division/Centre:	
Department/School/Section:	

Period of Status

Commencement Date:		Cessation Date:	
Do you wish to consider an extension of this period prior to cessation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Justification for Nomination

Case should include justification for the nominee and the proposed level and type of status, and details of the contribution that the nominee will make including the benefit to the University. Outline Intellectual Property issues, if applicable.

Expenses/ Allowances

Note: Persons with academic status are not employees and should not be paid a salary or emolument during their visit. Refer to http://info.anu.edu.au/Policies/Documents/PDF/HR/Visitors_Procedures.pdf

Will the Department pay any expenses or allowances?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, complete the following:			
Airfares		\$	
Accommodation		\$	
Food Costs		\$	
Other, please specify:		\$	
		\$	
	Total	\$	

Person Nominating the Proposed Academic Status

Please note: nominations for status to level E must be approved by the Vice-Chancellor.

Title:		Telephone:	
Surname:			
Given Names:			
Email:			

Endorsement and Approval

Head of Budget Unit Signature:		Date:	
Printed Name:		Uni ID:	U

Business Manager's Signature:		Date:	
Printed Name:		Uni ID:	U

Delegate Signature:		Date:	
Printed Name:		Uni ID:	U

Attachments:

- CV of Nominee
 Copy of Intellectual Property Agreement (if applicable)