

APPLICANT TO COMPLETE DETAILS:



Macquarie University 9 February 2002

Division/Office: _____ Budget Unit: _____

Family Name: _____ Other Names: _____

Employee Number: _____ Extension _____

Position Title: _____ No: _____ Full-time
 Part-time Hrs/Wk _____

Study completed to date (please show completed and partly completed courses)

Year _____ Course or stage completed _____ Results/Qualifications gained (Show **R** if repeat)

Course _____ Institution _____ Year to be completed _____

State how your program will assist you in your current or potential development within the University (Refer to any Performance Management System directions). (To be completed on first application - further details may be attached separately.)

SUBJECT ENROLLED

(please attach documentary evidence. Show **R** if repeat, attach justification if seeking study time)

ATTENDANCE AT LECTURE/TUTORIAL

Day Time

SEMESTER VACATIONS

From To

Study Time Proposed (Day and time)

Amended Study Time (Day and time)

Monday	:	to	:	_____	:	to	:	_____
Tuesday	:	to	:	_____	:	to	:	_____
Wednesday	:	to	:	_____	:	to	:	_____
Thursday	:	to	:	_____	:	to	:	_____
Friday	:	to	:	_____	:	to	:	_____
Total Hours per Week				_____				_____

Application for Study Time

Form 19.05a

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Block Period Sought (**research/thesis**, etc)? No

Yes from ___/___/___ to ___/___/___

from ___/___/___ to ___/___/___

If this course requires attendance at a **compulsory residential school**, please indicate:

Subject	Number of days	Dates
_____	_____	___/___/___ to ___/___/___
_____	_____	___/___/___ to ___/___/___
_____	_____	___/___/___ to ___/___/___

Signature of Staff Member _____

Date / /

I have discussed this program with the applicant and agree that the course is appropriate for study time to be approved. The above-mentioned times for Study Time **ARE** convenient **OR** ARE convenient **AS AMENDED** to the working arrangements of the Division/Office.

Other Comments:

Recommended: _____
Supervisor

Approved _____
Head of Division/Office or other Personnel Delegate

___/___/___
(Date)

Copy of Approval provided to Staff Member / **Recorded** in Division/Office: _____ (inits)

PERSONNEL OFFICE USE ONLY

Placed on File: _____(inits) ___/___/___