|  |  |
| --- | --- |
| Conferral | Renewal |

|  |  |  |  |
| --- | --- | --- | --- |
| **Honorary Professor** | **Adjunct Professor** | **From a Lower Level** | **Renewal** |

For **Conferral** - the Head of Organisational Unit and Executive Dean / Institute Director must complete and provide all information and documentation as noted.

* The Letter of Support can be provided by either the Head of Organisational Unit, or the Executive Dean / Institute Director.
* Completed applications are to be forwarded to [cap@uq.edu.au](mailto:cap@uq.edu.au)

For **Renewal** – complete s1, s2 (d) and (g), then forward to the Faculty/Institute Authorised Officer for endorsement.

* Completed applications are to be forwarded to the relevant HR Professional Services Team

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| s1 - Applicant Information |  |
| Title (Prof, Dr, Mr, Mrs, Ms, etc) |  |
| Full Name |  |
| Postal Address |  |
| Email Address |  |
| Does the Applicant hold a Diplomatic Position / Title? | Yes / No. *If yes, please advise details.* |
| Current CV (must be attached) | *Ensure that the applicant’s current CV is attached to the application (max 6 pages)* |

|  |  |
| --- | --- |
| s2 - Head of Organisational Unit Nomination |  |
| Nominating School / Organisational Unit |  |
| Nominating Faculty / Institute |  |
| 1. Letter of Support | *A letter of support must be attached to the application.* |
| 1. FOR HONORARY TITLE ONLY:   Statement of Duties and Responsibilities the applicant will undertake if conferred. | *Dot. Point format* |
| 1. FOR ADJUNCT TITLE ONLY:   Provide a summary of the applicant’s standing. |  |
| 1. Detail any existing UQ collaborations. |  |
| 1. Detail how the applicant will contribute to the University’s Research, Teaching, and/or Engagement activities. |  |
| 1. What measures of achievement will be applied? |  |
| 1. FOR RENEWAL ONLY:   Have the stated measures of achievement been realised? |  |

|  |  |
| --- | --- |
| s3 Executive Dean / Institute Director Nomination | *Must complete this section and/or attach a letter of support.* |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| s4 Signatories |  |

|  |  |  |
| --- | --- | --- |
| Nominator Name (if not Head) | Signature | Date |
| Head of Organisational Unit Name | Signature | Date |
| Executive Dean / Institute Director Name | Signature | Date |