



## Affiliates & Conferred Academic Title Holders Card Application

Please print CLEARLY

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Second Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Departmental Address \_\_\_\_\_

Postal Address \_\_\_\_\_  
*Where you would like your card posted*

Email Address \_\_\_\_\_

From the list below, please **tick the box** to confirm your category of appointment. Include the expiry date of your honorary appointment (*maximum period one year; renewable*).

- |   |                        |                       |
|---|------------------------|-----------------------|
| <input type="checkbox"/> Emeritus Professor                           | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Academic Titles (Senior Executive positions) | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Adjunct Titles                               | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Clinical Academic Titles                     | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Conjoint Academic Titles                     | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Honorary Titles                              | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Visiting Titles                              | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Research Titles                              | Appointment expires on | _____ / _____ / _____ |
| <input type="checkbox"/> Administrative/Support staff                 | Appointment expires on | _____ / _____ / _____ |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following documentation to ensure your card application will be processed.

- Passport-sized photo (please attach)**
  - Refer to photograph guidelines for acceptable photo images (page two)
  - Clearly print your full name and sign on the back of the photo
- Proof of identity**

The following documents are acceptable as proof of your identity:

  - A valid passport
  - A current driver's licence
  - A NSW photo card

To be completed by Dean, Head of School or Department who must be a University of Sydney staff member

I certify that the details of appointment in this application are correct.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

