DAP MEETING REQUEST FORM

Please complete and send to [aps@westernsydney.edu.au](mailto:aps@westernsydney.edu.au)

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| --- | --- | --- | --- |
| DAP Name: |  | | |
| Contact No.: |  | | |
| Email Address: |  | | |
| School: |  | | |
| Location: | e.g. Room, Building, Campus | | |
| **Meeting Title/Topic:** | |  |
| Required Attendees: | |  |
| Optional Attendees: | |  |
| Meeting to Occur: | | e.g. Specify Date or Preferred Date Range |
| Meeting Duration: | |  |
| Meeting Mode: | | e.g. On Campus, Zoom or Both |
| Campuses Required  *(if applicable)*: | |  |
| Meeting Recurrence  *(if applicable)*: | |  |
| Details of Agenda  *(if applicable)*: | | e.g. Standing items only, APS to collect input from DAP and attendees to draft and distribute, etc. |
| Any Other Details: | |  |