DAP MEETING REQUEST FORM

Please complete and send to aps@westernsydney.edu.au

|  |  |
| --- | --- |
| 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: |  |