**<COMMITTEE NAME>**

**Meeting No. X**

**NOTICE OF MEETING**

**Date** Day DD Month YYYY

**Time** HH.MMa/pm – HH.MMa/pm

**Location** Videoconference (hyperlink Zoom link to the word videoconference)

Meeting ID: XXX XXXX XXXX

Password: XXXXXX

OR

Charles Sturt University in Canberra
Blackall Street

BARTON ACT 2600

|  |  |  |
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| **Members** | **Position** | **Committee Term Ends** |
| Title FirstName Surname | Role (i.e. Chair, Executive Dean)  | Include if relevant |
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