**Department : ……………………………………………………………………**

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| **Request for Change of Teaching Room / Additional Teaching Room** (delete as appropriate) |
| **Course code:** | **Course title:** |
| **Current Day of class:** | **Current Time of class:** |
| **Number of students in group:** |
| **New day and time requested:** (if appropriate)1st Option: 2nd Option: |
| **Proposed date of change:**(See Timetabler’s comments) **...until:**  |
| **Type of room required:** (delete as appropriate) **Tiered Flat** |
| **Does this Course involve Joint Students? Yes. No.** |
| **Have the other Departments involved been informed of the Change? Yes. No.** |
| **Reason for request:**  |
| **Equipment/facilities required:** (please tick as appropriate) |
| Internet access (will require a laptop if PC is not installed in room) | 🞎 |
| PC  | 🞎 |
| Screen  | 🞎 |
| Whiteboard | 🞎 |
| Blackout facility | 🞎 |
| Wheelchair access | 🞎 |
| Hard-of-hearing induction loop | 🞎 |
| **Name of staff member:** | **Date:** |
| **Signature of Head of School / Department:** | **Date:** |
| **Timetabler’s comment/s:**  |

**A change of location may involve other departments.**

**At least two weeks notice is required.**