**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.**