



CONTACT DETAILS	
DATE	
STAFF NAME / SUBJECT CONVENOR	
FACULTY	
EMAIL ADDRESS	
FACULTY TIMETABLE REP. NAME & SIGNATURE	

DETAILS OF ACTIVITY TO BE AMENDED	
Activity Name e.g. HBC110_S1-TU1/01	
Currently Scheduled Day	Currently Scheduled Time
Scheduled Location	
Activity Size	
Staff Member	
Activity Week Pattern	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Other – PLEASE SPECIFY

DETAILS OF REQUESTED CHANGE	
Reason for Amendment	
Requested Day	1 st Preference: Requested Time 1 st Preference: 2 nd Preference: 2 nd Preference:
Required Room Type	<input type="checkbox"/> Lecture Theatre <input type="checkbox"/> Classroom <input type="checkbox"/> Tutorial Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Other – PLEASE SPECIFY
Activity Size	
Staff Member	
Activity Week Pattern	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Other – PLEASE SPECIFY

Timetable Office Use Only	
Date Received	Received by
Request Completed Date	Completed by
Comments	Could 1 st preference be accommodated as requested? Y/N Could 2 nd preference be accommodated as requested? Y/N

You may submit your form by one of the following means:

1. Personally submitting it to a staff member in this unit (BA905)
2. Mailing the form to the «Company» Mail «MailNo»