**School of Computing 2019/20 Timetabling Data Collection Form**

Please complete this form for **EACH** Lab (Lab 1, Lab 2)

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| **Module Code and Title** |  |
| **Module Leader** |  |
| **Teaching Staff SEMESTER 1** |  |
| **Teaching Staff SEMESTER 2** |  |

|  |  |
| --- | --- |
| **Activity Type** | **Lab session** |
| **Week pattern inc. duration (default is weekly & 1 hour unless otherwise stated)** |  |
| **Does this require splitting into groups? Please specify if by programme ( eg. IT Group 1, CS/AI Group 2)** |  |

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| --- | --- |
| **Room type** | |
| **Computer Cluster**  **(Please specify if DEC10/ENIAC/ISS cluster)** |  |

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| **Equipment Requirements – PLEASE SPECIFY ALL EQUIPMENT REQUIRED IN THE BOX BELOW** |
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**PLEASE RETURN THIS FORM TO BETH HILDITCH BY FRIDAY 15TH MARCH 2019**