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

Please complete this form for **EACH** lecture (E.g. Lecture 1, Lecture 2)

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| **Module code**  |  |
| **Module Leader** |  |
| **Teaching Staff SEMESTER 1**  |  |
| **Teaching Staff SEMESTER 2** |  |

|  |  |
| --- | --- |
| **Activity Type(including duration)** | Lecture X |
| **Week pattern (default is weekly & 1 hour) unless otherwise stated)**  |  |

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| **Room type (tick appropriate option)** |
| **Lecture Theatre**  |  |
| **Computer Cluster** **(Please specify if DEC10/ENIAC/ISS cluster)**  |  |

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| **Lecture Capture Opt Out** |
| **Opt out of video recording but retain audio and projected screen content for this module** | Yes or No |
| **Opt out of all recording for this module** | Yes or No |

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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**