**University of Glasgow**

**Course/Programme Approval Process**

**Space Management & Timetabling Consultation Proforma**

Complete separate proforma for each course included in the proposal.

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| **Course Name(s):** |  |
| **Lead School/Institute:** |  |
| **College:** |  |

## Section 1: Details of the proposal

The proposer should complete this section then send the proforma to [timetabling@glasgow.ac.uk](mailto:timetabling@glasgow.ac.uk)

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| Q1 | Is this:  (1) a new course to replace a withdrawn course, or  (2) a new course in addition to existing provision, or  (3) a change that affects the timetabling of an existing course? | Check the relevant box:  (1) (replacement)  (2) (additional)  (3) (timetable change)  If (1), give the withdrawn course code here: |
| Q2 | Level of the course (Level-1, Honours, PGT etc.) | Check the relevant box:  (Level-1)  (Level-2)  (Level-3 non-Honours)  (Level-4 Honours)  (Level-4 BDS, BVMS, MBChB)  (Level-5 Masters)  (Level-5 BDS, BVMS, MBChB)  (Level-6) |
| Q3 | Is the course core or optional? |  |
| Q4 | Typically offered (e.g. Semester 1, Summer etc.) |  |
| Q5 | Room size and type requested: (e.g. Raked lecture theatre for 150) |  |
| Q6 | Any **essential** special room requirements (i.e. equipment and features) |  |
| Q7 | Proposed timetable in terms of days and times for events requiring CTT rooms  (e.g. Monday and Wednesday at 9-10am) |  |
| Q8\* | Is there flexibility is there in the proposed timetable? |  |
| Q9 | Expected student numbers in first year of offering?  Likely maximum number of students?  Session by which maximum numbers likely to be attained? |  |

\*If there is no scope for flexibility in the timetable, please explain why:

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| **Name of Proposer** |  |
| **Date** |  |

## Section 2: Response from Space Management & Timetabling

SMTT should complete this section then return the proforma to the proposer.

Please give an indication of the likely availability of an appropriate room:

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If CTT considers that it would be difficult to room the course with the proposed timetable, please indicate below some alternative dates / times:

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| **Name of SMTT reviewer** |  |
| **Designation** |  |
| **Date** |  |