

# New/Reintroduced Unit form (Timetable) - 2007

<http://www.latrobe.edu.au/fsd/timetabling.html>

Unit Coordinator name:  (contact person) Extn. number:  Email address:

Unit Code:  Campus:  (B, BE or WO) Semester:  (1, 2, A, S) Session:  (Day/Evening) Estimated enrolment for 2007:  Units **WHOLLY** taught together:  (e.g PHY20ENG/PHY20MEC)

**Activity Type: LECTURE**

Activity ID	Expected class size :	Duration (no. of hours)	Alternative Class Req'd? Yes/No	Zone (one only)	Teaching Pattern (one only)	Activity requirements (e.g. Audio-visual) (may be multiple)	Teaching staff last name (all staff teach)		Teaching staff first name	Title (Dr, Prof, etc)
							1.	2.		
L1							1.			
							2.			
							3.			
L2							1.			
							2.			
							3.			
L3							1.			
							2.			
							3.			

**Comments:** (e.g. teaching weeks if non-standard Teaching Pattern, activities or Units taught together). Specify the Activity ID to which the comments relate.

**Activity Type: TUTORIAL**

Activity ID	Nominal class size :	Duration (no. of hours)	Zone (one only)	Teaching Pattern (one only)	Activity requirements (e.g. Audio-visual) (may be multiple)	Teaching staff last name (pool of staff)		Teaching staff first name	Title (Dr, Prof, etc)
						1.	2.		
T1						1.			
						2.			
						3.			
						4.			
						5.			
						6.			
T2						1.			
						2.			
						3.			
						4.			
						5.			
						6.			

**Comments:** (e.g. teaching weeks if non-standard Teaching Pattern, activities or Units taught together). Specify the Activity ID to which the comments relate.

Activity Type: **PRACTICAL CLASS**

Activity ID	Nominal class size:	Duration (no. of hours)	Room (one only)	Teaching Pattern (one only)	Preferred start time (one only)	Activity requirements (e.g. Audio-visual) (may be multiple)	Set up time	Knock down time	Teaching staff last name		Teaching staff first name	Title (Dr, Prof, etc)
									1.	2.		
P1									1.			
									2.			
									3.			
P2									1.			
									2.			
									3.			

**Comments:** (e.g. teaching weeks if non-standard Teaching Pattern, activities or Units taught together). Specify the Activity ID to which the comments relate.

Activity Type: **LABORATORY CLASS**

Activity ID	Expected class size :	Duration (no. of hours)	Room (one only)	Teaching Pattern (one only)	Preferred start time (one only)	Activity requirements (e.g. Audio-visual) (may be multiple)	Set up time	Knock down time	Teaching staff last name (pool of staff)		Teaching staff first name	Title (Dr, Prof, etc)
									1.	2.		
LC1									1.			
									2.			
									3.			
LC2									1.			
									2.			
									3.			

**Comments:** (e.g. teaching weeks if non-standard Teaching Pattern, activities or Units taught together). Specify the Activity ID to which the comments relate.

Activity Type: **OTHER** (e.g. S=Seminar, PB=Problem class, F=Film, WS=Workshop, LWS=Lecture/Workshop, LS=Lecture/Seminar)

Activity ID	Expected class size :	Duration (no. of hours)	Alternative Class Req'd? Yes/No	Zone (one only)	Teaching Pattern (one only)	Activity requirements (e.g. Audio-visual) (may be multiple)	Teaching staff last name (pool of staff)		Teaching staff first name	Title (Dr, Prof, etc)
							1.	2.		
							1.			
							2.			
							3.			
							1.			
							2.			
							3.			

**Comments:** (e.g. teaching weeks if non-standard Teaching Pattern, activities or Units taught together). Specify the Activity ID to which the comments relate.

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL ADMINISTRATIVE OFFICER BY **FRIDAY 16<sup>th</sup> June 2006**