**Application and Outcome Form for Teaching Constraints**

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|  **School/Centre:** | **Date of application:** |
| **Applicant:** |
| **Application:** (Please specify number of ½ days or days, and if they are linked to specific times during the week, e.g. Thursday am. Also specify if this is to last all year or for a shorter, named, period. Please indicate the reason for each constraint.) |

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| **Provisional decision: Approved/Rejected**  | **Date:** |
| **Name of person making provisional decision:** |
| **Reason for decision:** |
| **If this is a late constraint (para. 9.4) please forward to the relevant Faculty Dean for approval****Dean’s decision: Approved/Rejected****Signature and date:** |

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| **Final decision after consulting Timetabling:** **Approved/Rejected** |
| **Reason for decision:** |
| **Date:** |