## Combined Unit Request Form



## When to use this form

When approved by the Director Learning and Teaching (L&T), it may be necessary to combine different units that are taught within the same class. Director L&T are required to complete this form and submit to the FedUni Surveys and Data Officer no later than the **Friday of Week 6** for each teaching period.

**Please note**: Requests received after week 6 will not be processed due to the testing and loading requirements of the online survey system.

Director L&T will receive a confirmation of the course combination from FedUni Surveys and Data Officer before 'Go Live" dates of each campaign.

**Important Information**: Combined units will be assigned a revised Unit Description (Name). All reports will show this revised unit description.

Return completed form to: <u>Surveys@federation.edu.au</u>

| Information Required                            |                 |            |        |        |
|---|-----------------|------------|--------|--------|
|   | Unit 1          | Unit 2     | Unit 3 | Unit 4 |
| Term Code:                                      |                 |            |        |        |
| Unit Code:                                      |                 |            |        |        |
| Unit Description:                               |                 |            |        |        |
| Institute:                                      |                 |            |        |        |
| Teacher Name:                                   |                 |            |        |        |
| Unit Coordinator Name:                          |                 |            |        |        |
| Campus:   |                 |            |        |        |
| Director Learning and Teaching Approval Details |                 |            |        |        |
| Name:   |                 |            |        |        |
| Position:                                       |                 | Institute: |        |        |
| Campus:   | Contact Number: |            |        |        |
| Director L&T Approval:                          |                 |            |        |        |
| Director L&T Signature:                         |                 | Date:      |        |        |
| Comments/Notes:                                 |                 |            |        |        |
|   |                 |            |        |        |

## **Combined Unit Request Form**



| Surveys Office Use Only                        |  |
|--|--|
| Date Received:                                 |  |
| Revised unit name for combined units:          |  |
| Processed by:                                  |  |
| Date completed approval form returned to ADTQ: |  |
| Comments/Notes:                                |  |