

**Scottish Universities Physics Alliance**

**GRADUATE SCHOOL**

Course Proposal Form

Please return to admin@supa.ac.uk

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| Lead course proposer details | |
| **Name** |  |
| **University** |  |
| **Email** |  |
| **Phone** |  |
| **About you**  (Please tick) | Postgraduate  Research staff  Academic staff |

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| --- | --- | --- |
| Proposed course | | |
| **Course title** |  | |
| **Theme** |  | |
| **Host institution(s)** |  | |
| **Lecturer(s)** |  | |
| **Proposed No. of lectures** |  | |
| **Preferred Semester** |  | |
| **Means of assessment** |  | |
| **Means of delivery** | Video Conference  Face-to-Face  Residential. Please indicate how many days: **\_\_\_\_\_\_\_** | |
| **Course Description (100-200 words)** | |  |
| **Benefit to SUPA Graduate School (100-200 words)** | |  |