**COLLEGE REORGANISATION @ UKZN**

**REQUEST FOR CHANGE MANAGEMENT WORKSHOP/SESSION**

REQUEST FROM: ……………………………………………………………………………………………………..

POSITION & CONTACT DETAILS: ……………………………………………………………………………………………………..

DATE: ……………………………………………EMAIL: …………………………………………….

**REQUEST FOR WORKSHOP/SESSION FOR:**

NAME OF COLLEGE ………………………………………………………………………………………………………

NAME OF SCHOOL ……………………………………………………………………………………….................

NAME OF SECTION/DEPT/GROUP ……………………………………………………………………………………………………....

PROPOSED DATES ……………………………………………………………………………………………………...

PROPOSED TIMES ……………………………………………………………………………………………………...

PROPOSED NO ATTENDING ……………………………………………………………………………………………………...

PROPOSED TARGET AUDIENCE ……………………………………………………………………………………………………...

***(Academics, Support Staff, College or School Leadership etc)***

**PLEASE NOTE:**

1. **It is your responsibility to arrange, book and confirm the venue once the date is confirmed, and then notify the CRTT office of this.**
2. **To invite and notify your participants of the above, once confirmed.**
3. **To ensure that the venue has a data projector.**
4. **Please email completed form to** **crtt@ukzn.ac.za**

**VENUE DETAILS**

CAMPUS ………………………………………………………………………………………………………

FULL DETAILS OF VENUE ……………………………………………………………………………………….................

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***pp*College Reorganisation Task Team (CRTT)
Room 159, Admin Bldg, Westville Campus**

**Kathy Holland**

Tel +27 31 260 7044
**Maya Sutherland**

Tel +27 31 260 7069

***'Simplifying and Streamlining for Success'***