



U3A PORT PHILLIP

University of the Third Age

Registered Incorporated Association: A0045047P ABN: 36 675 645 384

Tutor's Proposal

Tutor's Name:

Address:

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Telephone: H: **W:** **Mobile:**

Email:

Proposal: Please provide 2 outlines of the course you are proposing: in the space below, a brief summary for publicity purposes (up to about 50 words) and if necessary, attach another, more detailed, outline (up to about 100 words). Please also include a brief outline of your 'credentials' in the proposed subject area.

Course Title:

Brief Description:

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** We have some constraints on venues, but we will endeavour to accommodate your preferences.

- Suggested frequency:** Weekly
- Fortnightly
- Monthly
- Other (specify)

- Preferred days:** Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Suggested duration:** 60 minutes
- 90 minutes
- 120 minutes
- Other (specify)

- Preferred times:** Early morning
- Later morning
- Early afternoon
- Later afternoon
- Other (specify)

- Suggested length:** 5 sessions
- 10 sessions
- 20 sessions
- Other (specify).....

Max/min class size: Approx to

Any additional comments, requirements, constraints, etc?

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Signed: **Date:**