

COURSE PROPOSAL

Name of Proposed Course	
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Lead Tutor

Tutor Name	
Tutor Address	
Tutor U3A Member Number	
Tutor Email	
Tutor Phone #	

Support Tutor

Tutor Name	
Tutor Address	
Tutor U3A Member Number	
Tutor Email	
Tutor Phone #	

How Would You Like Students to Contact You?

Phone	
Email	
Prefer They Contact U3A	

May We Show Your Phone Number and Email Address on U3A Website

Phone Number – Yes/No	
Email – Yes/No	

Tutor Guidelines are available in the Tutor Folder on the Tutor page of U3A Surfcoast website. We encourage tutors to study these guidelines before the first class.

1. Is your proposed course new – Yes/No	
2. Is your proposed course a repeat of a previous program you have run – Yes/No	
3. Is your proposed course a continuing one that builds on previous work – Yes/No	
4. Do you wish to interview students before they enrol in the course – Yes/No	

5. Course Content/Schedule

6. Course Description (For Website)

7. Additional Comments or Prerequisites

8. What equipment will students require

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9. What is the student entry level?

Beginner	<input type="checkbox"/>	Continuing/Advanced	<input type="checkbox"/>	Not Relevant	<input type="checkbox"/>
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10. How Long will the Course Run

Full Year	<input type="checkbox"/>	One Term	<input type="checkbox"/>	Short Course	<input type="checkbox"/>	Occasional Lecture	<input type="checkbox"/>
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11. If This is a Short Course, How Many Classes Will There Be?

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12. How often will you hold each class?

Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Other	<input type="checkbox"/>	Click or tap here to enter text.
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13. How long will each class run?

1 Hour	<input type="checkbox"/>	1.25 Hours	<input type="checkbox"/>	1.5 Hours	<input type="checkbox"/>	2 Hours	<input type="checkbox"/>
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14. What is your preferred week day and time?

Please provide more than one option so we can plan suitable venue

Monday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Pref Time	
Tuesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Pref Time	
Wednesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Pref Time	
Thursday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Pref Time	
Friday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Pref Time	

15. What are your target class size?

Minimum		Maximum	
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16. Do you have a preferred venue?

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17. Will you need special equipment?

Computer	<input type="checkbox"/>	White Board	<input type="checkbox"/>
Internet Access	<input type="checkbox"/>	CD Player	<input type="checkbox"/>
TV Screen	<input type="checkbox"/>	Yoga Matts	<input type="checkbox"/>
Data Projector	<input type="checkbox"/>	Easels	<input type="checkbox"/>
Other	<input type="checkbox"/>		

18. What other U3A support will you need

19. Please add any further information that will help promote your class