COURSE PROPOSAL FORM

TUTC	DR'S NAME:				
Telephone:		Home:	Mobile:		
Email	:				
Addre					
Post C	Code:				
1	Course Title a	and a Brief Descr	iption:		
2	Preferred Starting/Finishing Dates:				
3	Do you plan weekly/fortnightly/monthly sessions:				
4	If fortnight/monthly, indicate week and day e.g. 2 nd or 4 th Wednesday				
5	Preferred day/	/s:	Number of Sessions:		
6	Proposed Venue:				
7	Preferred times:				
8	No of Students: Maximum: Minimum:				
9	Student Pre-requisites:				
10	Equipment or Support requirements:				
11		hort Course Description for Newsletter/Curriculum: not more than 60 words)			

12	Briefly describe your experience/qualifications relevant to the course:			
13	Holidays: Would you be taking classes during school holidays (ongoing)? Yes No			
	NOTE: Tutors take holidays as it suits them and the class. Prior notice to those concerned is essential.			
	Sign	ed:		
Nan	ne:	Date:		
Office	use only:			
Cours	e Coordinator: Comments			
Signa	ture:	Date:		
Venue	Booking Officer: Comments .			
 Signa	ture:	Date:		
 Signai	ture:	Date:		
	lent/Committee Member: Com			
Signa	ture:	Date:		