**SH U3A Course Proposal**

**Year 20\_\_\_ Term \_\_\_\_**

|  |  |
| --- | --- |
| **COURSE LEADER** **COURSE CO-LEADER** (if applicable) |   |
| **U3A Member?** |   |
| **CONTACT DETAILS** | Ph: (M) (H) Email:In the course listing, may we publish this address Y / N ? |
| **COURSE TITLE** (explanatory, yet catchy and short -- max 40 characters) |   |
| **COURSE DESCRIPTION** (to be published in the Courses Booklet and online, ***50-100 words*,** to attract prospective course members and to include any extra information e.g., purchase of a text book, photocopying costs)  |   |
| **COURSE OBJECTIVES. (Optional)**What do you intend the course to do for participants?(probably a small number of points) |  |
| **ANY PROPOSED COURSE PRESENTATION COSTS** (to be agreed with Course Co-ordinator) |  |
| **VENUE REQUIREMENTS** e.g., dataprojector, DVD player, microphone, whiteboard.***NB:*** U3A laptops have *Windows 10* and *Office 365* loaded. |   |
| **WILLING TO RUN BY ZOOM?** |  |
| **NUMBER OF SESSIONS** |  |
| **PREFERRED START DATE** |  |
| **PREFERRED FREQUENCY:** Weekly, Fortnightly, Other |   |
| **PREFERRED DAY(S) OF THE WEEK** |   |
| **PREFERRED START & FINISH TIMES** |   |
| **COURSE NUMBERS: Min, Max** |   |
| **For Office Use Only** |

Please return completed form for discussion and sign-off to Course Coordinator (courses@sohiu3a.org.au).