



Prospective Tutor Information

Family Name				
Given Name				
Are you a member of U3A MelbCity?		Member Number		
Street Address				
Suburb		Postcode		
Mobile Number		Phone Number		
Email				
Proposed Course Title				
Proposed Course Description				
Term Preference	Term 1	Term 2	Term 3	Term 4
Would you require Audio or AV equipment				
How many students				
Additional Information				

Date: ____/____/____

Please return to the Course Coordination Team by email to coursecoord@u3amelbcity.onmicrosoft.com