

Ref. No: \_\_\_\_\_

UNIVERSITY OF ULSTER



TUTORING IN SCHOOLS

## PROJECT OUTLINE FORM

(Please complete a separate form for each project)

Contact Name: \_\_\_\_\_ Designation: \_\_\_\_\_

School name: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Project title and aims: \_\_\_\_\_

\_\_\_\_\_

Proposed timeframe: \_\_\_\_\_

Preferred student discipline/skills/abilities: \_\_\_\_\_

\_\_\_\_\_

Expected learning outcomes:

Pupils: \_\_\_\_\_

\_\_\_\_\_

Student tutor: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_