



Study Group Proposal Form

Thank you for your interest in leading an OLLI study group this fall! Please complete the following form and submit it to the OLLI office **no later than May 2, 2022** (you are welcome and strongly encouraged to submit your proposal earlier!). We will respond to your proposal within the next two months. **Please note that we will try to accommodate your requests for dates, times and location of your course, but we cannot guarantee your first choice.** Please be as flexible as possible when suggesting dates, times and location.

Proposals can be submitted via U.S. mail to the address above or via email to: julieba@med.umich.edu.

Proposed Study Group Title _____

Your Name
Address
Phone
E-mail

Description of Event for Catalog:

Please describe your study group, including: what participants will get out of this study group, general topics to be covered, teaching format (discussion, lecture, etc.), any reading materials to be purchased by participant, any course materials required, etc. Include 1-2 sentences about yourself and your background as it relates to the course topic.

Please limit to 100 words or less.

Format (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Demonstration |
| <input type="checkbox"/> Readings | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Active participation | <input type="checkbox"/> Visual media viewing |

How often will this class meet?

- Once a week
 Other (specify) _____

How many times will this class meet? _____

How many hours will each class meeting last?

- 1.5 hours
 2 hours
 Other (specify) _____

Please continue on pg. 2

Do you need set up time? Yes No If so, how much? _____

What is your preferred start date (earliest start date - 9/19/2022)? _____ No preference

What is your preferred end date (latest end date - 12/22/2022)? _____ No preference

What are your preferred days of the week? (check all that apply; please be flexible)

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> No preference

What is your preferred time of day?

<input type="checkbox"/> Morning
<input type="checkbox"/> Early Afternoon
<input type="checkbox"/> Late Afternoon
<input type="checkbox"/> Evening (dependent upon availability)

What is your minimum number of participants? _____

What is your maximum number of participants? _____

Are there any prerequisites for the participants? Please describe: _____

Venue request:

<input type="checkbox"/> No venue preference	<input type="checkbox"/> Turner Senior Resource Center
<input type="checkbox"/> Turner Senior Resource Center (Hybrid)	<input type="checkbox"/> Brookhaven Manor
<input type="checkbox"/> First Presbyterian Church	<input type="checkbox"/> Saline Senior Center
<input type="checkbox"/> Trinity Lutheran Church	<input type="checkbox"/> Washtenaw Community College
<input type="checkbox"/> University Commons	<input type="checkbox"/> Virtual only

(Note: Hybrid Study Groups will be decided on a case-by-case basis and will only be held at the Turner Senior Resource Center at present.)

Audio-visual equipment needs: **Study Group leaders must bring their own laptop if one is needed*

<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Projector	<input type="checkbox"/> Speakers (for projector)	<input type="checkbox"/> Screen
<input type="checkbox"/> Hearing Loop			
<input type="checkbox"/> Wireless Internet Access			
<input type="checkbox"/> Other (specify): _____			

Category:

<input type="checkbox"/> Art and Architecture	<input type="checkbox"/> Literature, Poetry, and Drama
<input type="checkbox"/> Current Events, Law, Policy, and Politics	<input type="checkbox"/> Music, Theater, and Film
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Religion, Philosophy, and Spirituality
<input type="checkbox"/> Group Facilitation	<input type="checkbox"/> Science and Mathematics
<input type="checkbox"/> History and Culture	<input type="checkbox"/> Social Science
<input type="checkbox"/> Hobbies, Games, and Sports	<input type="checkbox"/> Technology
<input type="checkbox"/> Investing, Economics, and Finance	<input type="checkbox"/> Writing

Have you previously taught an OLLI course? Yes (Please specify years and course names) _____

 No

How did you hear about leading an OLLI study group?

<input type="checkbox"/> Flyer seen elsewhere (specify where) _____	<input type="checkbox"/> Friend/acquaintance/OLLI member
<input type="checkbox"/> Email	<input type="checkbox"/> Flyer seen at a lecture
<input type="checkbox"/> OLLI website	<input type="checkbox"/> Other (please specify) _____

Any questions? Please contact: **Julie Brown, OLLI Assistant Director**
OLLI at the University of Michigan
A program of the Geriatric Center
julieba@med.umich.edu 734-998-9357

