



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 13, 2019** (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: ribenjam@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 - 9/16/19)? _____ No preference

What is your preferred end date (latest end date - 12/20/19)? _____ No preference

What are your preferred days of the week? Monday
(check all that apply; please be flexible) Tuesday
 Wednesday
 Thursday
 Friday
 No preference

What is your preferred time of day? Morning
 Early Afternoon
 Late Afternoon
 Evening (dependent upon availability)

What is your minimum number of participants? _____

What is your maximum number of participants? (not to be exceeded) _____

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

Venue request: No preference Saline Senior Center
 Bank of Ann Arbor (Plymouth Rd.) Sanctuary at St. Joe's Village
 Brecon Village (Saline) Temple Beth Emeth/St. Clare's Church
 Brookhaven Manor Trinity Lutheran Church
 Church of the Good Shepherd Turner Senior Resource Center
 Community Health Service Building UM North Campus Research Complex
 First Presbyterian Church University Commons
 Jewish Community Center Other (specify) _____

Audio-visual equipment needs: TV/DVD Projector Speakers (for projector) Screen
**Study Group leaders must bring their own laptop if one is needed*
 Hearing Loop
 Wireless Internet Access
 Other (specify): _____

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

 No

Are you interested in attending a Group Facilitation Training seminar on August 9? Yes No

How did you hear about leading an OLLI study group? Friend/acquaintance/OLLI member
 Flyer seen elsewhere (specify where) _____ Flyer seen at a lecture
 Email OLLI website Other (please specify) _____

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

