



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 22, 2020** (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 - 9/21/2020)? _____ No preference

What is your preferred end date (latest end date - 12/18/2020)? _____ No preference

What are your preferred days of the week? (check all that apply; please be flexible)
 Monday Thursday
 Tuesday Friday
 Wednesday 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:

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

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

TV/DVD Projector Speakers (for projector) Screen
 Hearing Loop
 Wireless Internet Access
 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

Are you interested in attending a Group Facilitation Training seminar on August 7? Yes No

How did you hear about leading an OLLI study group?

Flyer seen elsewhere (specify where) _____ Friend/acquaintance/OLLI member
 Email OLLI website Flyer seen at a lecture
 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