



### 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 October 18, 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 - 1/20/20)? \_\_\_\_\_  No preference

**What is your preferred end date**? \_\_\_\_\_  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?** (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*

<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

**Are you interested in attending a Group Facilitation Training seminar on December 6?**  Yes  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:** **Ben Richards, OLLI Assistant Director**  
**OLLI at the University of Michigan**  
**A program of the Geriatric Center**  
**ribenjam@umich.edu 734-998-9357**