



### Study Group Proposal Form

Thank you for your interest in leading an OLLI study group this winter/spring! Please complete the following form and submit it to the OLLI office **no later than November 1, 2017** (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](mailto: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 - 1/22/18)? \_\_\_\_\_  No preference

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

**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  
 First Presbyterian Church  UM North Campus Research Complex  
 Glacier Hills  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 Dec. 8th?**  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**

