INSTITUTE FOR CONTINUED LEARNING AT ROOSEVELT UNIVERSITY
STUDY GROUP PROPOSAL

Title of Study Group:

Coordinator:
Co-Coordinators:
Primary coordinator’s phone: Email:

Description of Study Group: Please be as concise as possible! Please note: Your wording will be published in the study group brochure. If you will require attendees to pay a fee or purchase a book or other materials, please include the requirements in your description. Also, if you will not meet every week of the schedule, please include the dates you will not meet in your description.

Will there be a maximum and/or minimum number of enrollees for this study group? Maximum number: Minimum number:

Do you have a preference for day and time? (Sessions are generally held Monday AM through Friday AM. Typical times are 9:30-11:30 AM and 1:00-3:00 PM)

No -- Any day and time is OK
Yes -- I have a preference

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<th>Day</th>
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Room setup: Lecture (seat rows facing front) Seminar (U-shaped with tables)

Indicate: PL = Peer Led Format or M = Lecture/Media with peer interaction

Number of Weeks (Note: standard is 9 weeks Spring & Fall, 5 Winter & Summer: Study Groups meeting for fewer weeks are acceptable, but please note this in your description above.)

Attendee requirements: if applicable, be sure to mention in your description above:

- Materials required of participants: if book(s) indicate title & author:

- Additional costs to participants, if any.

Will you need audio/visual equipment? Yes No
If Yes, please indicate what media you will be using:

CDs Audio Tapes DVDs VHS tapes Overhead Slides

Do you plan to use computer presentations? Yes No
If Yes, can you bring your own laptop? Yes No

Thank you for providing these details! If you have questions, please contact Steve Wolf (stevengwolf@att.net) or the ICLRU Center: (officemanager@iclru.org or phone 224-523-6497).