INSTITUTE FOR CONTINUED LEARNING AT ROOSEVELT UNIVERSITY STUDY GROUP PROPOSAL

	Year: 2016	Winter	Spring	_ Summer	_ Fall	
Title of Study	y Group:					
Coordinator: Co-Coordina Primary coord			Email:			
in the study g please includ	roup brochure. e the requireme	lf you will requi nts in your des	ire attendees to إ	pay a fee or purchas you will not meet ev	Your wording will be puse a book or other mater week of the schedule	ials,
Will there be	a maximum ar Maximum num			rollees for this stu number:	dy group?	
•	a preference fare 9:30-11:30	•	`	e generally held Mo	onday AM through Friday	y AM.
	ny day and time have a prefere					
1 st Choice 2 nd Choice 3 rd Choice	<u>Day</u>		<u>Time</u>			
Room setup:	: Lecture (seat	rows facing fro	ont) Semi	nar (U-shaped with	tables)	
Indicate: PL	= Peer Led For	mat o	r M = Lecture/	Media with peer in	teraction	
				Fall, 5 Winter & Sudescription above.)	mmer: Study Groups me	eeting
				in your description in your description in the last in	on above:	
-Addi	tional costs to	participants, i	if any. \$			
If Yes		what media y	ou will be using:	_	Overhead Slides	
	to use comput			No		

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