INSTITUTE FOR CONTINUED LEARNING AT ROOSEVELT UNIVERSITY
STUDY GROUP PROPOSAL

Year: 2017   Winter___   Spring___   Summer___   Fall___

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

   Day                  Time
   1st Choice
   2nd Choice
   3rd Choice

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 Andrea Zietlow (zietlow.andrea@gmail.com) or the ICLRU Center: (officemanager@iclru.org or phone 224-523-6497).