

**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

	<u>Day</u>	<u>Time</u>
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> 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](mailto:zietlow.andrea@gmail.com)) or the ICLRU Center: ([officemanager@iclru.org](mailto:officemanager@iclru.org) or phone 224-523-6497).