INSTITUTE FOR CONTINUED LEARNING AT ROOSEVELT UNIVERSITY
STUDY GROUP PROPOSAL

Year: 2018  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

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<th>Day</th>
<th>Time</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 (zieltlow.andrea@gmail.com) or the ICLRU Center: (officemanager@iclru.org) or phone 224-523-6497).