

**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

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