INSTITUTE FOR CONTINUED LEARNING AT ROOSEVELT UNIVERSITY
STUDY GROUP PROPOSAL

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