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**STUDY GROUP PROPOSAL FORM**

**Institute for Continued Learning at Roosevelt University**

**Study Group Sessions (1-9 weeks):** Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_\_

**Title of Study Group:**

**Coordinator:**

**Co-coordinator(s):**

**Primary coordinator’s phone: Email:**

**Description of Study Group:** *Note: This description 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.*

**How would you prefer to offer your class?**

\_\_\_\_\_ On-campus

\_\_\_\_\_ Hybrid (On-Campus and Zoom Simultaneously)

\_\_\_\_\_ Zoom

**Length of Study Group (Number of Sessions) \_\_\_\_\_**

**Day and Time?**

Study Group sessions will be held Tuesdays through Thursdays

\_\_\_\_ Any day and time is OK

\_\_\_\_ I have a preference

Day/Date(s) Time

1st Choice

2nd Choice

3rd Choice

**FOR ON-CAMPUS CLASSES ONLY:**

**Will there be a maximum and/or minimum number of enrollees for this study group?**

Maximum number: \_\_\_\_ Minimum number: \_\_\_\_

**Do you plan to use computer presentations? Yes\_\_ No\_\_**

**If Yes,** do you plan to bring your own laptop? **Yes\_\_ No\_\_**

Thank you for providing these details! If you have questions, please contact Andrea Basalay ([andrea.basalay@gmail.com](mailto:andrea.basalay@gmail.com)) or the ICLRU Center: ([officemanager@iclru.org](mailto:officemanager@iclru.org)).

03/20/2024