



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) or the ICLRU Center: (officemanager@iclru.org).