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**Study Group Proposal Form- Fall 2024**

Thank you for your interest in leading an OLLI study group this winter/spring! Please complete the following form and submit it to the OLLI office **no later than October 25, 2024.** You are welcome and **strongly encouraged** to submit your proposal earlier! We will respond to your proposal within the next two months. **Please note that we will try to accommodate your requests for dates, times, and location of your course, but we cannot guarantee your first choice.** Please be as flexible as possible when suggesting dates, times, and location.

Proposals can be submitted via U.S. mail to the address above or via email to: **lutterrj@med.umich.edu**.

 **Proposed Study Group Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First time leading a Study Group? Yes ◻ No ◻**

**Your Name**

**Address**

**Phone**

**E-mail**

**Description of Offering**:

Please describe your study group, including:
what participants will get out of this study group, general topics to be covered, teaching format (discussion, lecture, etc.), any reading materials to be purchased by participant, any course materials required, etc.

**Please limit to 100 words or less.**

**Please include a sentence or two about yourself**

**and any credentials, if applicable**

**Format** (check all that apply)◻ Lecture ◻ Demonstration

◻ Readings ◻ Discussion

◻ Active participation ◻ Visual media viewing

**How often will this class meet?** ◻ Once a week

◻ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_

**How many times will this class meet?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours will each class meeting last?** ◻ 1.5 hours

◻ 2 hours

◻ Other (specify)\_\_\_\_\_\_\_\_

**Please continue on pg. 2**

**Do you need set up time?** ◻ Yes ◻ No If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your preferred start date** (earliest start date - 01/20/2025)**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ◻ No preference

**What is your preferred end date** (latest end date - 05/23/2025)**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ◻ No preference

**What are your preferred days of the week?** ◻ Monday ◻ Thursday afternoon

(check all that apply; please be flexible. ◻ Tuesday ◻ Friday

Keep in mind that lectures are held most ◻ Wednesday ◻ No preference

Thursday mornings and on the second

Tuesday morning of each month.)

**What is your preferred time of day?**

 ◻ Morning ◻ Early Afternoon

◻ Late Afternoon ◻ Evening (dependent upon availability)

**What is your minimum number of participants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your maximum number of participants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any prerequisites for the participants? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Venue request:** ◻ No venue preference ◻ Turner Senior Resource Center **(In-person)**

 ◻ Turner Senior Resource Center **(Hybrid)** ◻ Brookhaven Manor

 ◻ First Presbyterian Church ◻ Trinity Lutheran Church ◻ Washtenaw Community College ◻ University Commons  ◻ Virtual only Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: Hybrid Study Groups will be decided on a case-by-case basis and will only be held at the Turner Senior Resource Center at present.)**

**Audio-visual equipment needs:** ◻ TV/DVD ◻ Projector ◻ Speakers (for projector) ◻ Screen

 \*Study Group leaders must ◻ Hearing Loop ◻ Wireless Internet Access

bring their own laptop ◻ Other (specify): \_\_\_\_\_\_\_\_\_\_\_

 if one is needed

**Category:** ◻ Art and Architecture ◻ Literature, Poetry, and Drama

◻ Current Events, Law, Policy, and Politics ◻ Music, Theater, and Film

◻ Foreign Language ◻ Religion, Philosophy, and Spirituality

◻ History and Culture ◻ STEM

◻ Hobbies, Games, and Sports ◻ Social Science

◻ Investing, Economics, and Finance ◻ Writing

**Have you previously taught an OLLI course?**  (Please specify years and course names) \_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about leading an OLLI study group?** ◻ Friend/acquaintance/OLLI member

◻ Flyer seen elsewhere (specify where) \_\_\_\_\_\_\_ ◻ Flyer seen at a lecture

◻ Email ◻ OLLI website ◻ Other (please specify) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any questions? Please contact: Ryan Luttermoser, OLLI Assistant Director**

**OLLI at the University of Michigan**

**A program of the Geriatric Center**

****lutterrj@med.umich.edu  **734-998-9357**