

**INSTITUTE FOR CONTINUED LEARNING
ROOSEVELT UNIVERSITY
STUDY GROUP PROPOSAL**

Year _____, Fall _____, Winter _____, Spring _____, Summer _____

Title of Study Group:

Coordinator:

Co-Coordinators:

Coordinator's Phone:

Email:

Description of Study Group (50 words or less). *Please note: Will be published in brochure.*

Maximum number of enrollees for this study group _____ Minimum number _____

Preference of Day and Time for Presentation:

Day

Time

1st Choice

2nd Choice

3rd Choice

Any day and time is OK _____

Indicate: **PL** = Peer Led Format _____ or **M** Lecture/Media with peer interaction _____

Number of Weeks _____ (Note: preference is nine weeks)

Materials required of participants; if book(s) indicate title & author

Additional costs to participants, if any. \$_____

Please state Audio/Visual needs