

APPENDIX A

OLLI

Course Proposal Form

(Please submit to the Curriculum Committee for your location)

NAME OF FACILITATOR _____

Phone _____ E-Mail _____

NAME OF CO-FACILITATOR (if appropriate) _____

Phone _____ E-Mail _____

NAME OF PROPOSED COURSE _____

LOCATION (circle) Central West South

TERM: Academic Year _____ Fall Winter Spring

Please give a brief outline of your proposed course. Include your overall objectives for the class participants.

RESOURCES: We understand that your proposed class is in the planning stage, but please estimate as much information as you can.

1. **VIDEO/DVD/Slides/Portfolio Web Page:** Please state the approximate percentage to which the course will rely on visual aids _____
2. **Guest Speakers:** Approximately how many are planned or None _____
3. **Book:** Will the course be primarily be based upon a book? If so, please give the title and edition: _____
4. **Handouts:** Will the course be primarily based upon handouts? _____
5. **Field Trips:** Are any planned? If so, how many? _____
6. **Reports by class participants:** Are these reports a major part of the class? Yes__ No__

CLASS FORMAT: Please check all that apply.

Study__ Lecture __ Discussion __ Videos __ Reports __ Field Trips__