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 ____________________________________

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__