

OLLI-CSUF COURSE/ACTIVITY PROPOSAL FORM

Your name _____ OLLI-CSUF Member Yes No

Telephone #: _____ Email address: _____

Class/Activity title: _____

Please submit on a separate sheet, **no more than one page**, 1) a general outline of the content of the proposed course/activity, and 2) why you think this course/activity would be of interest to OLLI-CSUF members.

Name of Proposed Class Coordinator: _____

Name(s) of Proposed Class Instructor(s): _____

Mode of communication of class offering (required lead times):

___ Blue Book (6 months) ___ Chronicle (3 months) ___ Other (1 month)

Type of class or activity to be offered (Check all that apply):

- ___ Lecture
- ___ Discussion Group
- ___ Study group
- ___ Activity group
- ___ Field Trip
- ___ Special Event
- ___ Regular term (Fall/Spring 12 weeks, Summer 10 weeks)
- ___ Short-term class (2-6 weeks)
- ___ One-day class
- ___ One-day event

Preferred time for offering class/event:

___ Fall (12 wks) ___ Spring (12 wks) ___ Summer (10 wks) ___ Other

Day Preferred _____ ___ Weekly ___ Alternate Weeks

Time Preferred ___ Morning ___ Afternoon ___ Late Afternoon

___ Evening ___ Saturday ___ Other

Anticipated number of participants:

Will this be open to the public?

Anticipated facility needed:

Anticipated equipment needed:

Anticipated cost per participant, if any:

1) General outline of the content of the proposed course/activity

2) Why you think this course/activity would be of interest to OLLI-CSUF members