



Date Submitted: _____

OLLI Representative that contacted you: [Click here to enter text.](#)

OLLI COURSE PROPOSAL FORM

Course Title: [Click here to enter text.](#)

Instructor Name: [Click here to enter text.](#) Credentials (ex: PhD): [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Preferred Phone Number: [Click here to enter text.](#)

E-mail Address [Click here to enter text.](#)

1. What is your class format? (Check one)

- A. Discussion group
- B. Reading group
- C. Lecture with discussion:
- D. Other (e.g., tour, hands-on class) [Click here to enter text.](#)

2. Maximum number of participants preferred. [Click here to enter text.](#)

3. I prefer to teach in: (Check one) Sioux Falls Brookings Vermillion Any Location

4. Available for which OLLI Term?

- Fall (Sept.-Oct.) Winter (Jan.-Feb.) Spring (Apr.-May) Any term

5. Day of the week preferred: M T W TH F Sat (Check one)

Second day option: M T W TH F Sat (Check one)

Indicate specific date, if needed, or list specific dates to avoid: _____

6. Approximate time of day preferred: [Click here to enter text.](#) **2nd option** [Click here to enter text.](#)

7. Preferred number of class sessions (1-8 weeks) Most classes meet once per week. You may choose the number of weeks you teach your proposed class [Click here to enter text.](#)

8. Preferred length of class sessions. 60 minutes 90 minutes 2 hours

9. Indicate required AV equipment or teaching supplies:

<input type="checkbox"/> None	<input type="checkbox"/> Mac Adapter	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Computer	<input type="checkbox"/> PowerPoint Remote	<input type="checkbox"/> Screen (or blank wall)
<input type="checkbox"/> Instructor will bring computer	<input type="checkbox"/> Microphone	<input type="checkbox"/> Speakers
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Document Projector	<input type="checkbox"/> Whiteboard and Markers
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Laser Pointer	<input type="checkbox"/> Overhead Projector

Other: [Click here to enter text.](#)

10. Payment Options (\$35 per class hour)

- Decline honorarium payment and donate to OLLI. (*Thank You!*)
- Receive partial honorarium payment and donate balance to OLLI. (*Thank You!*)
Donation amount: [Click here to enter text.](#)
- Full payment
- State of South Dakota Employee

11. Brief course description. Please provide a brief (50 words or less) description of the course for the OLLI catalog. It should clearly explain the course, entice members to sign up, and indicate if field trips, physical activity or special skills are required.

12. Brief description of education and experience related to the class subject. This mini-biography (20 words or less) will be used in the OLLI catalog and to introduce you at the first class session. Please also attach a current résumé or CV (if available).

13. If any books are required, please list the title(s) and author(s):

Text/book is Optional Required Approximate cost: [Click here to enter text.](#)
Book(s) available at: [Click here to enter text.](#)

14. Special materials, supplies or facilities required for the course (Please indicate whether the student must purchase the supplies/materials or if an additional fee per person is required and you will provide them): [Click here to enter text.](#)

Return this completed form and a current résumé or CV (if available) to OLLI:

By email:
info@oliuc.org

By mail:
University Center
Attention: Osher Lifelong Learning Institute (OLLI)
4801 Career Avenue
Sioux Falls, SD 57107

