



OLLI Representative that contacted you: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

# OLLI COURSE PROPOSAL FORM

**Course Title:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_ **Credentials (ex: PhD):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**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.** \_\_\_\_\_

**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:** \_\_\_\_\_ **2<sup>nd</sup> option** \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_
- 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: \_\_\_\_\_

Book(s) available at: \_\_\_\_\_

**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): \_\_\_\_\_

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

By email:  
[info@olliuc.org](mailto:info@olliuc.org)

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

