



OLLI at UConn Course Proposal
(See website or brochure for submission deadlines)



INSTRUCTIONS:

Please fill out and mail/deliver this form to *OLLI at UConn, UConn Waterbury, 99 East Main Street, Waterbury, CT 06702* **OR** send as an email attachment to *osher@uconn.edu*

FOR OFFICE USE ONLY		
Course Approval: Yes	No	Other
Notes:	Course #	

QUESTIONS: Call the OLLI office at (203)236-9924/9925 or email us at *osher@uconn.edu*

Presenter Information	
Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Email	

Co-Presenter Information (if applicable)	
Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Email	

May prospective course registrants contact you by phone or email?

Phone:	Yes	No	Phone Number:	
Email:	Yes	No	Email Address:	

Proposed Course Title (Please be creative and propose an eye-catching title)

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Proposed Course Description (2-3 sentences only)

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***In addition, please also provide an outline of the material to be covered in class.**

Course Category (Please check ALL that apply)

Art & Art History	Health & Wellness	Music	Sports
Computers	History	Performing Arts	Visual Arts
Culture & Language	Horticulture	Personal Development	
Current Events	Literature & Writing	Philosophy & Religion	Other
Genealogy	Math & Science	Social Sciences	(Please Specify) _____

Format (Please check ALL that apply)

Hands-on	Discussion	Lecture	Movement	Reading/Homework	Off-site meetings (any location outside of UConn)
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Technology and/or Special Equipment Needed (Please check ALL that apply)

Carpet	Computer	Sink	White Board
CD Player	Projector Screen	Sound System	

What is your ideal maximum number of participants for this course?

Please Note: Final course maximum will be determined based on classroom availability and other factors.

Does this course require students to purchase special supplies? YES NO (If yes, please specify)

Please indicate item(s) and recommended retailer:

Recommended/Required books (Not to exceed \$40 - Please include ISBN)

Book Title:	Recommended / Required	ISBN

Please Note: Books are considered REQUIRED only if they are critical to learning the course material.

COURSE SCHEDULING Year: _____

Session:	Fall	Winter	Spring	Summer	(See OLLI website or brochure for exact session dates)
Course Duration:	5 Weeks (1 st half of Fall/Spring)			5 Weeks (2 nd half of Fall/Spring)	6 Weeks (Monday–Thursday only)
(Check all that apply)	10 Weeks (Entire Fall/Spring)			4 Weeks (Winter or Summer session only)	
	Special Request: _____				

Which day(s) of the week will you be able to teach at OLLI at UConn?

Monday	Tuesday	Wednesday	Thursday	Friday
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Preferred Time Slots (Select 1st choice, 2nd, etc. by entering 1, 2, 3 in boxes)

Time Slot #1: ____ AM – 10:00 AM (Option for 60, 75, 90, or 120-minute class sessions)

Time Slot #2: 10:15 AM – 11:45 AM (90-minute class sessions only)

Time Slot #3: 12:15 PM – 1:30 PM (75-minute class sessions only)

Time Slot #4: 1:45 PM – ____ PM (Option for 60, 75, 90, or 120-minute class sessions)

Early Evening (Any time after 4:00PM) *Monday – Thursday Only | **Start Time:** _____ **End Time:** _____

Any time slot is OK – If YES, please indicate the preferred # of minutes per class meeting: 60 75 90 120

Please Note: Winter and Summer session time slots are subject to some variation.

Would you allow late enrollee(s) to register for this course beyond the second class meeting? YES NO

Please describe your experience as related to leading this proposed course. Please be specific. *Education, training, passion, knowledge, and experience and/or other factors may play a role.*

Presenter's edited biography (1-2 sentences only). Please see OLLI website for examples.

Thank you for your interest in presenting a course at OLLI at UConn. If you have any questions please call the OLLI office at (203)236-9924/9925 or email us at osher@uconn.edu.