



OLLI Course Proposal Form – Fresno State

Instructor Name _____

Credentials, if any (eg: PhD) _____

Email Address _____

Preferred Phone Number _____

Mailing Address _____

What is your class format (check one)

Discussion Group

Lecture with Discussion

Special Interest Group

Other: (tour, hands-on class) Please explain: _____

Available for which OLLI Term?

Fall (Sept-Dec) Spring (Feb-May) Summer (Jun-Jul)

Day of the week preferred (check one)

M T W Th F

Second Choice Option (circle one)

M T W Th F

Please list dates in the term to avoid because you are not available: _____

Approximate time of day preferred: _____ 2nd Choice: _____

Length of Course (in weeks) _____

Classes meet for 90 minutes a week for up to 6 weeks. While we will consider courses running longer than 6 weeks, we will discuss your proposed course outline with you.

Would you like to be paid or will you volunteer? _____

Note: All special interest groups are lead by volunteers.

Proposed Course Title:

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.

Special materials required for the course (Please indicate whether the student must purchase the supplies/materials and the estimated cost or if an additional fee per person is required and you will provide them)

Any additional information you'd like to add: _____

Signature

Date

Course proposals will be reviewed by the OLLI curriculum committee in conjunction with OLLI staff. We will confirm receipt of all submissions and let you know whether your course was accepted or not. Thank you!

Return this form to: jiwagner@csufresno.edu

Or mail to:

OLLI

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559-278-0008