STUDY GROUP PROPOSAL FORM

Dear Prospective Study Group Leader:

Thank you for your interest in proposing a study group for Tufts Osher LLI, a program predicated on peer learning. Your completed proposal will be reviewed by our Curriculum Committee. If you have any questions, or if you need assistance in completing the form, please call our office at 617-627-5699. Completed forms may be faxed to 617-627-6507 or mailed to David A. Fechtor, Osher Lifelong Learning Institute at Tufts University, 039 Carmichael Hall, Medford, MA 02155.

Name: ____________________________________________________________

Address: __________________________________________________________________________

Telephone: __________________________ Email address: _________________________________

Title of proposed study group: ______________________________________________________

Term: _____________________________ Year: ___________________________________________

Time Preference (check selection):

Morning (10am – 12pm)   __ Monday  __ Wednesday (Brookhaven)  __ Friday

Afternoon (1:30pm – 3:30pm)   __ Monday  __ Wednesday (Brookhaven)  __ Friday

Evening (4pm – 6:00pm)   __ Monday  __ Tuesday  __ Thursday  __ Friday
**Course Content:** Provide us with a syllabus or summary of the topics to be covered during the study group.

**Book(s) or Other Resource(s) (must be currently available)**

Author, Title, Publication Date: 

Author, Title, Publication Date: 

Other (e.g. handouts): 

**Description:** Tell us how you would like your study group to be described in the catalogue. Please include content, modes or participation and expectations. Also include how you want Study Group Members to participate (e.g., weekly reading assignments, a novel/short story(ies) per week, approximate # of pages per week, active discussion, oral reports by group members and/or come and listen).
**Equipment Needs:** Let us know if you need special equipment including:

__ Overhead Projector/Screen  __ VCR/Monitor
__ Slide Projector  __ Computer and/or Projector
__ Other/Special Equipment  (e.g., for hearing impaired: Please specify)

**Biographical Information:** Prospective study group members are always interested in the background and interest/accomplishments of study group leaders. Briefly tell us about your background including your particular interest in the topic(s) you plan to share with study group members. If you have other teaching experience, please detail it below.

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**Please return this form to:**

David A. Fechter, Director  
Tufts University  
Osher Lifelong Learning Institute  
039 Carmichael Hall  
Medford, MA 02155  
Phone: 617-627-5885  
Fax: 617-627-6507  
Email: david.fechtor@tufts.edu

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**Submission Deadlines**

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<thead>
<tr>
<th>Term</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Fall term</td>
<td>May 1</td>
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<tr>
<td>Winter term</td>
<td>October 1</td>
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<td>Spring term</td>
<td>November 1</td>
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<td>Summer term</td>
<td>March 1</td>
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Receipt of this proposal will be acknowledged by mail.