

Osher Lifelong Learning Institute (OLLI) at Sierra College

COURSE PROPOSAL FORM

Instructor Name:			
Address:			
City, State, Zip:		Phone	
Email:		May we share with students?	
Proposed Course Title for Brochure:			
Proposed Course Description for Brochure: <i>Description should clearly describe course content in no more than 80 words.</i>			
Brief biography – Describe your background and how it pertains to teaching the proposed course. Attach your résumé or any supporting documents separately.			
<input type="checkbox"/> I would like to volunteer my time to the OLLI Program			
<input type="checkbox"/> Pay me for my instruction - \$35 per hour			
Proposed Length	Preferred Day(s)	Proposed Time	Proposed Dates
Club OLLI Classes <input type="checkbox"/> One time lecture <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks Tuition-free classes <input type="checkbox"/> 4-6 weeks	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Any	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Any <hr style="width: 100%;"/> Start Time: <hr style="width: 100%;"/> End time:	Session Dates: <input type="checkbox"/> Spring: February – May <input type="checkbox"/> Summer: June – July (6 weeks) <input type="checkbox"/> Fall: September – December Fall and Spring semesters have two 6-week sessions. Preferred Start date: _____ Preferred End date: _____

Number of students preferred:		Maximum number you will accept:	
Location Preference:			
<input type="checkbox"/> Rocklin Campus		<input type="checkbox"/> Nevada County Campus – Grass Valley	
<input type="checkbox"/> Roseville Center – Vernon Street		<input type="checkbox"/> Twelve Bridges Library – Lincoln	
Other: _____			
Audio/Visual Requirements:			
<input type="checkbox"/> Computer/VCR/DVD Player/Monitor/Projector		<input type="checkbox"/> Internet Access	
<input type="checkbox"/> CD Player		<input type="checkbox"/> White Board	
Course Outcomes: (What will the student think or do as a result of taking this class?)			
Course Outline: (Use a simple outline form of the topics and subtopics that will be taught in the course.)			

Please return this form to:

Shari Smith
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 Email to: ssmith@sierracollege.edu – Fax: 916-781-6248
 916-781-6243