



CC Member

at Slippery Rock University of Pennsylvania

ILR CLASS PROPOSAL FORM

QUESTIONS? Contact: info@ilretirement.org (724) 738-1604

WORKING TITLE of Class: _____

FULL NAME: _____ 1ST NAME FOR NAME TAG _____

ADDRESS _____

PHONE (____) _____ **E-MAIL**(REQUIRED) _____

IF YOU EXPERIENCE AN EMERGENCY DURING THIS CLASS, WHOM SHOULD WE CONTACT?

Name: _____

PHONE (____) _____ RELATIONSHIP: _____

INSTRUCTIONS: Check ALL that apply. Fill in necessary information as indicated.

A

- Number of Class **Sessions**: > 1 > 2 > 3 > 4 > 5 > 6 > 7 > 8
- Length of Class **Session** (HOURS): > 1 > 1-1/2 > 2 > 2-1/2 > 3 > 3-1/2 > 4
- Will you attend the Picnic? > **YES** > **NO** > **MAYBE**

B

- Days available to teach: > **ANY** > **Monday** > **Tuesday** > **Wednesday** > **Thursday**
- Times available to teach: > **EITHER** > **Morning** > **Afternoon**
- Dates **NOT** available to teach: _____
- Are you willing to offer a **2nd Section**, if needed? > **YES** > **NO**
- Room Preference: > **EITHER** > **Room 114** > **Room 108**

C

- Will you be supplying any materials? > **YES** > **NO**
- Will class participants need to pay for these materials? > **YES** > **NO** > **N/A**
- What is the cost of these materials? _____
- Participants will: > **Pay Instructor** > **Pay ILR/Instructor reimbursed** > **N/A**

D

1. Attached/Emailed: > **Instructor Bio** **AND** > **Class Description**

Additional Notes: _____

PLEASE STAPLE OR TAPE CLOSED.

Spring Term Proposal Deadline:
Thanksgiving Day
☯
Fall Term Proposal Deadline:
Memorial Day

ATTACH
STAMP
HERE

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