**Academy for Lifelong Learning**

**Winter 2023 Study Group**

**Proposal Form**

 **ZOOM or In-Person**

Academy for Lifelong Learning

 113 West Avenue

Saratoga Springs, NY 12866

587-2100 x2390

Email: Jeff.Shinaman@esc.edu

Thank you for using this form to submit your plans to lead an Academy study group by Zoom or on location this winter. The Academy is in the process of scheduling 20 study groups and appreciates you volunteering your time and talent in this way.

**The winter 2023 term is scheduled to start the week of January 23 and run for 5 weeks through the week of February 20. February 20 is Presidents Day. The college will be closed. If you are offering a course on Mondays, a different location or date will be necessary for February 20.**

The Academy has Zoom licenses and, if you require one, will assign one to you for your class. Study groups are scheduled for 1.5 hours/class on a particular day for 5 consecutive weeks. Some classrooms at SUNY Empire State College on West Avenue in Saratoga Springs will be available Monday – Thursday until 2:30pm.

**Course will be offered by Zoom\_\_\_\_\_\_**

**Course will be offered in-person\_\_\_\_\_\_**

If your course is being offered in-person, outdoors or in a building, and you have a location in mind, please list the location here. Let me know if I can assist in securing an in-person location.

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Please submit your proposal **by November 21** for consideration. If it is after November 21, or if you have any questions, feel free to contact Executive Director Jeff Shinaman at the Academy office at jeff.shinaman@esc.edu or 587-2100 x2390.

Instructions: Please type your information in the boxes provided below. As you type in your response, the size of the box will increase to include your information.

If you pause in the completion of the form, be sure to click on File, then click on “Save As” and designate where to save the form, so that you will not lose the information you have already typed.

Each box is preceded by a description of the information requested in that box. Specific instructions on what and how information should be entered are also provided.

When you have completed the form, please save it and attach it to an email to the address above.

**Title of proposed study group** (for publication in class brochure)

**Study Group Leader(s)**

Please include email address, street address, home, work and cell phone numbers of each leader.

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| --- |
| **Study Group Description** **for use in term brochure** Using a maximum of 125 words, please describe your study group in a way that “whets the intellectual appetite.” See past A.L.L. brochures for examples of approved study group descriptions. |

**Text(s):**

If you have required or suggested readings, please list them below with the following information on each text: Author/editor/translator; full title of text in quotation marks; publisher; year of publication; ISBN; *list* price; paper or hard cover. Please indicate if it is required or suggested reading.

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**Costs:**

Please list cost per class member for admission on field trips, etc., $5 for course handouts, or materials cost if applicable. Reminder: A.L.L. study group leaders are volunteers.

**Zoom instruction will be made available to study group leaders. Will you need training?**

**Tentative Weekly Schedule of Topics to be Covered:**

(The winter term is 5 weeks)

1.

2.

3.

4.

**5.**

**Proposed Format**

\_\_\_\_\_\_discussions

\_\_\_\_\_\_participants’ reports

 \_\_\_\_\_\_guest speakers

\_\_\_\_\_\_lectures

\_\_\_\_\_\_other (please specify)

Check all that apply. Keep in mind we encourage **interactive participation** between study group members and study group leaders.

**Class Size (please circle maximum number of students) 50 40 30 20 15 12 10**

It is up to you, as the study group leader, to indicate your preferred number of students. Feel free to discuss this with your curriculum committee contact or Academy Executive Director, Jeff Shinaman.

**Background/Experience (Bio for Course Brochure)**

Please provide a brief description of your background andexperience **in this proposed topic**,and that of any co-leaders.

**Availability**  Please place an **A** (for Available), or **N** (for Not Available) in each of the following Day/Time boxes. You may indicate a preferred time by entering **P** in the appropriate box.

**5 weeks, January 24 – February 25**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day/Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **9:30-11:00 AM** |  |  |  |  |  |
| **11:30 AM-1:00 PM** |  |  |  |  |  |
| **12noon-1:00 PM** |  |  | Storytellers |  |  |
| **1:00-2:30 PM** |  |  |  |  |  |

**If you are proposing an in-person course in a classroom, please indicate any classroom equipment you will need:**

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| --- |
|  |

Thank you! I will contact you after reviewing your proposal. Jeff