***LearningQUEST Fall 2019***

***Term, Public, and Special Interest Group Proposals***

***Please complete forms and send to LQproposal@gmail.com***

***Submit between: December 8, 2018-March 29, 2019***

***\* Indicates required fields. If fields not complete, the proposal will be returned. Please make the title descriptive and short if possible. If you need assistance in completing the form, contact by email*** [***LQproposal@gmail.com***](mailto:LQproposal@gmail.com) ***and someone will assist you. If you do not have a computer, please contact a member of Program Development Committee. If the required info does not pertain to your proposal please mark N/A in the field.***

***General Information:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Proposed Program Title: \** | | | | |  | | |
| *Type of Program: \** | | | | [ ] Term Course; [ ] Public Program/ Special Interest; [ ]Don’t Know | | | |
| *Submitted by: \** | |  | | | | | |
| *Email:* | \* | | | | | Phone:\* |  |
| *Date submitted: \** | | |  | | | | |

***The Program: \**** (*Course description [200-word limit] for catalog use*)

|  |
| --- |
|  |

***The Instructor/Presenter:*** \*\* (*Short biography [100-word limit] for catalog use)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:\** | |  | | | |
| *Email:\** |  | | | Phone:\* |  |
| *Address: \** | | |  | | |
|  | | | | | | |

**The Schedule: (please use 1 - 5 to indicate *your preferences for month, day of the week and time morning or afternoon with 1 being your 1st choice.*) If desired , courses can be scheduled for Sundays and evenings.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *\** | *July 30* | *Aug* | *Sept* | *Oct* | *Nov* | *Comment* |
| *Months* |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *\** | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | *Comment* |
| *Days* |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *\** | *Mornings*  *(9:30 - noon)* | *Afternoons*  *(1 - 4:30)* | *Comment* |
| *Time* |  |  |  |

|  |  |  |
| --- | --- | --- |
| *\* Length (Hrs)* | *\*# of Sessions* | *Comment* |
|  |  |  |

***The Course Prerequisites****:*

|  |  |  |
| --- | --- | --- |
| *\* Required/recommended materials or texts:* | |  |
| *\* Fee for materials:* |  | |

***The Coordinator(s): If you initiated this proposal and are a LearningQUEST Member, are you willing to be the coordinator (please fill out below) or do you know a LQ member who would be the coordinator (give us a name)?***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* | |  | |
| *Email:* |  | | *Phone(s):* |

*(The Coordinator is an LQ member who interfaces with the instructor/presenter throughout the proposal and program cycle. His/her job is to handle all the details necessary to assure the success of the program.)*

***Maximum Attendees [ ]. Enter N/A if no specific limit***

***The Venue: \****

*- Check Preferred Room Setup: [ ] tables and chairs; [ ] chairs only; [ ] either; [ ]other (describe).*

|  |  |
| --- | --- |
| *Describe* |  |

***AV requirements:*** *\* [ ] Laptop computer, [ ] Projector, [ ] DVD Player, [ ] Whiteboard, [ ] other (describe).*

|  |  |
| --- | --- |
| *Describe* |  |

***NOTE:*** *Some classes may be assigned to venues other than the Library because of availability constraints. Coordinators will work with Presenter(s) and Scheduler to achieve a setting agreeable to all involved.*

***The Submission:***

*-* ***\**** *complete this form and E-mail as a WORD attachment to* ***LQproposal@gmail.com******with subject line*** *\*****short title of your program - Proposal)”***