

Application for a New Interest Group

Please forward this completed form to the OLLI Membership Committee Interest Group coordinators. Email to the OLLI office at olli@unl.edu or mail to:

Osher Lifelong Learning Institute College of Education & Human Sciences 125 Human Sciences Building PO Box 830800 Lincoln, NE 68583-0800.

Name of person making the propose	al:	
Phone: E-m	ail address:	
Date submitted:		
Working name for the <i>Interest Group</i> : (the name may be changed during the approval process)		
Write a brief description of the Inte	erest Group:	
Meeting Day (i.e. first Thursday of	month) Time:	
Meeting Location: What influenced you to propose thi you can.	s Interest Group (i.e. course, event, personal interest)? Please b	be specific if
	ntion for the Interest Group leader(s).	
Other information which should/ne	ed be considered:	
Continue on the back or on additional	l sheets if necessary	
For Committee Use only: Reviewer: _ Interest Group Name of Record	Approved: Yes / No Date:	