

For Administrative Use Only

Program Coordinator Review _____

Area Coordinator Review _____

Entered into Allstars _____

Cat Code _____

Osher Lifelong Learning Institute at the University of Delaware in Wilmington

Extracurricular Activity Form – Fall 2017

Completed forms are due in the Office by **Friday, March 10, 2017.**

Extracurricular activities are intended to offer intellectual stimulation, social exchange, fun, and relaxation outside the regular classroom. They do not count toward the member's limit of 5 classes per semester.

Please note: Extracurricular Activity Leaders are NOT eligible for the instructor member discount.

The Curriculum Committee approves Extracurricular Activities. To be included in the catalog, this form must be returned to the Office no later than **Friday, March 10, 2017.** Extracurricular activities may be organized at a later date using this same form, but the activity will not be listed in the catalog.

NAME OF ACTIVITY: _____

ACTIVITY LEADER(S): _____

Print Name(s)

Telephone

E-Mail

Signature

Date

PREFERRED MEETING DAY: _____

Extracurricular activities are scheduled Monday-Thursday from **3:20 p.m. - 4:20 p.m.** or Friday at **12:30 p.m.**

EXTRACURRICULAR ACTIVITY DESCRIPTION: Circle One: New Acceptable Needs revision

For a **new activity**, print the catalog description below.

For a **continuing or repeated activity**, review prior catalog description to decide if it is acceptable.

Descriptions should **not exceed nine (9) catalog lines (40 - 50 words).**

BIOGRAPHICAL INFORMATION: Circle One: New Acceptable Needs revision

New leaders, print biographical information below

Returning leaders, review previous catalog bio to decide if it is acceptable.

Descriptions should **not exceed seven (7) catalog lines (30-40 words).**

EQUIPMENT REQUEST FORMS, if needed, are available in the office.

OSHER LIFELONG LEARNING-WILMINGTON – EQUIPMENT REQUEST FORM – FALL 2017

PLEASE PRINT

Course Title: _____

Instructor(s): _____

NO AV EQUIPMENT IS NEEDED FOR THIS COURSE.

Schedule your AV needs as well as the needs of your guest speakers. Indicate "ALL" when equipment is needed for every class; indicate "SOMETIMES" for an occasional need. If you know the exact dates, please note them on the form. **If you rearrange furniture, please return it to its original state at the end of your class.**

<u>Microphones</u>
<u>DATES</u> _____ Wireless Lapel _____ Wireless Handheld _____ Headset Microphone

<u>Visual Aids</u>
<u>DATES</u> _____ Video Document Camera _____ Videotape/DVD _____ Blu-Ray Player

<u>Audio Equipment</u>
<u>DATES</u> _____ Tape Cassette/CD Player _____ Bose

<u>Computers</u>
<u>DATES</u> _____ PC computer _____ Bringing own laptop/tablet – please specify device type and connection needed. _____
<u>Teaching Aids</u>
<u>Lecterns on a table and a chair are standard equipment in all rooms.</u> _____ Light for Lectern _____ Stools

<u>Special Equipment</u>
<u>DATES</u> _____ Piano _____ Electronic Keyboard _____ Video Camera _____ Music Stands: _____ Number** **<u>Music stands MUST BE returned to the racks after use!</u>**

Comments/Explanations: _____
