***LearningQUEST General Proposal Form***

***Form should be completely filled out and sent to Proposals@LQuest.org***

***Proposals are due by April 1 for Fall Term and October 1 for Spring Term***

***\*Indicates required fields. For assistance, contact*** [***PDCChair@LQuest.org***](mailto:PDCChair@LQuest.org)***.***

***If a question does not pertain to your proposal, please mark N/A in the field.***

***LearningQUEST may modify text in accordance with its style and layout conventions.***

***Please use Arial 10-Point font***

***General Information:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Proposed Program Title: \** | | | | |  | | |
| *Type of Program: \** | | | | [ ] Term Course; [ ] Public Program [ ] Special Interest Group [ ]Don’t Know  *(Note: LearningQUEST makes the final decision on which programs are public)*  Will the program be in-person [ ] or online over Zoom? [ ] | | | |
| *Submitted by: \** | |  | | | | | |
| *Email* | \* | | | | | Phone:\* |  |
| *Date submitted: \** | | |  | | | | |

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

|  |
| --- |
|  |

***The Instructor/Presenter:*** \* *(Name and biography for catalog use.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:\** | |  | | | |
| *Email:\** |  | | | Phone:\* |  |
| *Address: \** | | |  | | |
| (*Short Biography [100-word limit]). Specify “Use Previous” if the biography is on file and current.* | | | | | |

**The Schedule: Please use 1 - 3 to indicate *your preferences for month, day of the week, and time of day with “1” being your first choice.* Use 5 to indicate times you need to exclude. Note: Spring term is January-June; Fall Term is July-December.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *\* Months* | *Jan/July* | *Feb/Aug* | *March/Sep* | *April/Oct* | *May/Nov* | *June/Dec* | *Comment* |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *\* Days* | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | *Weekend (specify day) / Comment* |
|  |  |  |  |  |  |  |

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

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

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

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

***This Program should be limited to [ ] attendees (leave blank if no specific limit)***

***This Program should require a minimum of [ ] attendees (leave blank if no minimum)***

***The Coordinator(s):*** *If you or someone else is willing to be the coordinator, please enter the contact information. Otherwise, enter “Please assign” in the Name field.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* | |  | |
| *Email:* |  | | *Phone:* |

*The coordinator is an LQ member who assists the presenter, including Rally Day preparations if required. The coordinator introduces the presenter, reports program attendance, and communicates with those participating in the program as necessary.*

***The Venue:*** ***\* Use the same 1, 2, 3 numbering as in Scheduling. Leave blank if no preference.***

*[ ] Main Library, [ ] North Library, [ ] South Library, [ ] Other] (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Can the program be presented at a non-library facility? *\**** [ ] Yes [ ] No

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

***Preferred Room Setup: \**** [ ] *tables and chairs; [ ] chairs only; [ ] either;*

[ ]  *other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Presentation Support:*** *\** [ ] *Laptop computer, [ ] Projector, [ ] DVD Player, [ ] Whiteboard,*

[ ] *Other Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If you require a laptop, a Windows® laptop will be provided to assure compatibility with the projector system.*

*Apple and Android products are not supported.*

***The Submission*** ***\**** *complete this form and E-mail it as a Word attachment to* ***Proposals@LQuest.org*** *with the subject line: <title of your submission> - Proposal*