

## Proposal for a Shared Interest Group (SIG)

*This fillable form works best when completed all at once. Save the completed copy to your computer, attach it to an email and submit.*



UNIVERSITY of  
**SOUTH FLORIDA**  
Osher Lifelong Learning Institute

Name of person submitting the proposal: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Working name for the proposed SIG: \_\_\_\_\_

(name may be changed during the approval process)

Describe the purpose of the SIG: \_\_\_\_\_

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How will this SIG benefit members? \_\_\_\_\_

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Is this SIG related to any OLLI-USF course? \_\_\_\_\_

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Are you willing to lead \_\_\_\_\_ or participate \_\_\_\_\_ in the formation of this SIG?

Please provide the names and contact information (telephone and email) for others who will assist in the formation of this SIG:

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Any other information which should be considered: \_\_\_\_\_

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*Return this form to the SIG Liaison: 4202 E Fowler Ave., NEC116, Tampa FL 33620  
or email to [cmason6@usf.edu](mailto:cmason6@usf.edu)*

*< use additional sheets if necessary >*