



OLLI @ Pitt PROPOSAL FOR A SPECIAL INTEREST GROUP (SIG)

Name of member submitting the proposal: _____

Phone: _____ Email: _____

Date Submitted: _____

Working Name for the Proposed SIG: _____

Describe the Purpose of the SIG:

How Will This SIG Benefit OLLI Members?

Is the SIG related to a OLLI at Pitt course? ____ N ____ Y (if yes, which one: _____)

Regarding the SIG formation, you are willing to:

____ Lead and Coordinate the SIG ____ Participate in the formation

List names and contact information for others will assist in forming the SIG

Name _____ Phone: _____ Email: _____

Name _____ Phone: _____ Email: _____

Any other information which should be considered:

Return this form to the OLLI office at 230 S. Bouquet Street, 1400 William W. Posvar Hall, Pittsburgh PA 15260 or
email to osher@pitt.edu