

## Proposal for a Shared Interest Group (SIG)

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: \_\_\_\_\_

\_\_\_\_\_

Is this SIG related to any OLLUS course? \_\_\_\_\_

\_\_\_\_\_

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

Please provide the names and contact information