### Summer Academy 2018

**Memorandum of Understanding**

**Instructor Name:** ____________________________  
**College:** ____________________________  
**Course Subj. (ex: ACIS):** ____________  
**Course #:** ____________  
**Course Title:** ____________________________  
**Credits:** ______  
**Delivery Mode:** ____________________________  
**Grade Mode:** ____________________________  

*Special Studies require the additional completion of special study paperwork approved by course offering department head and college dean. The paperwork reflects the department’s and dean’s approval of the course content.

**Departmental Contact Name:** ____________________________  
**Email:** ____________________________  
**Phone:** ____________________________  
**Org. #:** ____________________________  
**Fund. # (E & G only):** ____________________________  
**Acct. #:** ____________________________  

**DESIGNED LOCATION, COURSE TIME(S):**

**Day and Time(s) and desired building/room (complete all that apply):**

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**Exam date:** ____________________________  
**Exam time:** ____________________________  
**Exam Location:** ____________________________

**Cancellation Policy:**
Course enrollment will be reviewed on **June 8, 2018** to determine if enrollment is tracking toward the necessary minimum (5). Enrollment Management and the department head will review viability of the course and agree on continuation of the offering if insufficient enrollment. Course may be cancelled following this date if enrollment drops below required minimums.

**Faculty Compensation:**
Compensation of appropriately credentialed AY faculty is the purview of the department. Departments are responsible for issuance of the Summer Academy contract and completion of the P14.

**Approvals:**
**Department Head (print name):** ____________________________  
**Email:** ____________________________  
**Date:** ____________________________  

**Department Head (signature):** ____________________________

*Please send a scanned copy of completed form to summer@vt.edu*

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### Summer and Winter Sessions Use only:

**Vice Provost (print name):** ____________________________  
**Date:** ____________________________  

**Vice Provost (signature):** ____________________________  
**CRN:** ____________________________