Directions: Select one session and course per sheet.

Select Session:    _____ Session I    or    _____ Session II

Instructor Name: ___________________________________________ Email: ___________________________________________

College: __________________________________________________

Course Subj.(ex: ACIS): _______ Course #*: _______ Course Title: _____________________________________________

☐ Attach Syllabus

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.

Once course has been approved, it is the departments’ responsibility for adding it to the timetable.

Departmental Contact Name: ___________________________________________ Email: ____________________________ Phone: ___________________________

(responsible for budget and/or fiscal)

Org. #: _______ Fund. # (E & G only): _______ Acct. #: _______

Faculty Compensation:
Compensation of appropriately credentialed instructional faculty is the purview of the department and negotiations as approved on the submitted participation. Departments are responsible for issuance of the instructional contracts and completion of the P14 forms. Summer payment follows the same university payroll guidelines as other instructional effort in Second Summer Session. Supporting dollars are forwarded to designated funds mid to late July.

Cancellation Policy and Enrollment Minimum
Course enrollment for Session I will be reviewed on April 20, 2018 to determine if enrollment is tracking toward the necessary minimum (10); review on May 20, 2018 for Session II. 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 these dates if enrollment drops below required minimums. The department is responsible for communicating the cancellation policy to participating faculty.

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:  CRN__________

Vice Provost (print name):_________________________ Date: ____________

Vice Provost (signature):_________________________

Summer and Winter Sessions