OFFICE OF THE PROVOST AND CHIEF ACADEMIC OFFICER Howard University Summer Program Authorization Form*

SUMMER 2024

Program Title			
Date Program Begins	Date Program Ends		
Program Coordinator			
Phone & Fax Numbers	ax NumbersE-Mail Address		
School/College Sponsor	Non-Howard Affiliated Program- Yes () No ()		
Program Location			
Program Type: () Research	() Professional Development	() College Preparatory	
() Other, Please specify			
No. of Student Participants: I (Each program participant must h	Ioward Studentsave an official Howard ID card)	Other Students	
Student Populations Served:	() Elementary () Secondar () Graduate () Profession	y () Undergraduate nal () Other	
Number of Faculty/Staff Parti	cipants: Howard FacultyHow	ard StaffOther Faculty/Staff	
Check the General University	Resources to be Used by Program P	Participants:	
() classroom, conference and	meeting space () libraries	() ISAS/Computer Labs	
() catering and food service	() transportation	() athletic facilities	
() Blackburn Center	() Housing () parking	() campus security	
Date Program Was Initially O	fferedTotal Progra	m Operating Budget	
Source of Funding:			
(For HU Programs, Grant/Co	st Center or Restricted Account # is	required)	
Amount of Funding			
Program Authorization			
Program Coordinator	Signature	Date	
Dean	Signature	Date	
Provost Office	Signature	Date	

Please complete the form and email to joystewart@howard.edu on or before April 08, 2024. Please feel free to call 202-806-2277 if you have questions.

^{*} Reservation and Payment for University services associated with summer programs must be discussed with the unit providing the service. Acknowledgment and approval of this form by the Office of the Provost does not guarantee the availability of the university services. Please directly contact the service provider and secure the services that your program requires.