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

SUMMER 2025

Program Title		
Date Program Begins	Date Program Ends	
Program Coordinator		
Phone & Fax Numbers	Fax 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: Ho (Each program participant must hav		Other Students
Student Populations Served: () Elementary () Secondary () Profession	() Undergraduate () Other
Number of Faculty/Staff Partici	pants: Howard FacultyHowa	ard StaffOther Faculty/Staff
() classroom, conference and n() catering and food service() Blackburn Center	esources to be Used by Program Paneeting space () libraries	() ISAS/Computer Labs () athletic facilities () campus security
Date Program Was Initially Offe	eredTotal Program	m Operating Budget
Source of Funding: (For HU Programs, Grant/Cost	Center or Restricted Account # is a	required)
	ing Program Fee Per Student	
Program Authorization		
Program Coordinator	Signature	Date
Dean	Signature	Date
Provost Office	Signature	Date

Please complete the form and email to <u>joystewart@howard.edu</u> on or <u>before April 04, 2025</u>. 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 department that provides 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.