



**VFIC LANGUAGE EXCHANGE**

**VIRGINIA WESLEYAN UNIVERSITY**

**MEMO OF UNDERSTANDING FOR REMOTE STUDENTS**

I understand that I am enrolling in a course that is offered on another campus and delivered in real-time through video-conferencing.

I understand that it is my responsibility to attend classes according to the calendar set by the host campus.

**Fall 2018 – for fall registration**

August 29 - Classes begin  
October 15-16 – Fall break  
November 9 – Last day to withdraw  
November 21-23 – Thanksgiving break  
November 26 – Classes resume  
December 11 – Last day of classes  
December 13-14 & 17-18 – Exams

**Spring 2019 – for spring registration**

January 28 – Classes begin  
March 18-22 – Spring break  
March 25 – Classes resume  
April 12 – Last day to withdraw  
April 22 – Easter Monday Holiday  
May 8 – Last day of classes  
May 10-11 & 13-14 – Exams  
May 18 - Commencement

This means that I may need to arrive at campus before my college starts classes, may have to take a different fall/spring break and may have to remain on campus after my college's dismissal for winter/summer break. Weather closures may cause classes to be cancelled at the host institution.

I understand that I will need to get to class prior to the start time to assist with connecting my remote classroom to the host classroom.

I will inform my instructor of absences that I anticipate over the duration of the course.

I am aware that students taking courses through the VFIC Language Exchange in order to fulfill language proficiency requirements at their home institution should proceed with caution. The Exchange cannot guarantee that the requisite courses will be offered in order for me to meet proficiency — and, even if offered, future course times might not suit my schedule.

I confirm that I have read, understand and agree to the above requirements in this memo.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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*(For remote campus leadership to complete)*

I have reviewed this memo with the student and am authorizing that the student be able to enroll in the course.

\_\_\_\_\_  
Campus Representative (Print)

\_\_\_\_\_  
Campus Representative Signature

\_\_\_\_\_  
Date

Signed forms should be sent to Sally Shedd at [sshedd@vwu.edu](mailto:sshedd@vwu.edu); John Aird at [jdaird@vwu.edu](mailto:jdaird@vwu.edu) and Regina Cotter at [rcotter@vwu.edu](mailto:rcotter@vwu.edu).