ADJUNCT FACULTY APPROVAL FORM

Program Seeking Approval: _____

Legal Name of Faculty: _____

A#: _____

It is hereby requested that the above-named person be approved to serve as a faculty member for Vincennes University to teach the following courses: **COMPLETION OF THIS FORM IS NOT CONFIRMATION OF EMPLOYMENT AT VU. A PAYROLL NOTIFICATION MUST BE COMPLETED BEFORE TEACHING AT VU.**

Computer Integrated Manufacturing Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
☐			CMET-140	CompTIA A+
☐			CMET-185	CompTIA A+ Certification Prep
☐			CMET-195	CompTIA A+ Certification
☐			CMET-215	Computer Maintenance III
☐			CMET-220	CompTIA Network+ Certification
☐			CMET-290	Computer Maintenance IV
☐			CMET-187	Special Instruction***
☐			CMET-188	Special Instruction***
☐			CMET-189	Special Instruction***
☐			CMET-297	Special Project***
☐			CMET-298	Special Project***
☐			CMET-299	Special Project***

A subtitle is required for all Special Instruction/Project courses --
Please write the requested subtitle in following the * on the appropriate course line**

Updated for 2021-22 Academic Year

REVIEWED BY:

Non-Vincennes Campus

Department/Program Chair _____ Date _____

Director/College Dean _____ Date _____

Vice President _____ Date _____

Vincennes Campus

Department/Program Chair _____ Date _____

College Dean _____ Date _____

Provost _____ Date _____

NOTES: _____