

# ADJUNCT FACULTY APPROVAL FORM

**Program Seeking Approval:**

**Legal Name of Faculty:**

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**A#:**

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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.**

## Corrections

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			CORR-100	Survey of Corrections
			CORR-130	Correctional Facilities
			CORR-215	Community-Based Corrections
			CORR-235	Case Management in Corrections
			CORR-255	Internship in Corrections
<b>A subtitle is required for all Special Instruction/Project courses -- Please write the requested subtitle in following the *** on the appropriate course line</b>				

Updated for 2021-22 Academic Year

### REVIEWED BY:

#### Non-Vincennes Campus

#### Vincennes Campus

\_\_\_\_\_  
Department/Program Chair Date

\_\_\_\_\_  
Department/Program Chair Date

\_\_\_\_\_  
Director/College Dean Date

\_\_\_\_\_  
College Dean Date

\_\_\_\_\_  
Vice President Date

\_\_\_\_\_  
Provost Date

### NOTES:

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