

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.**

Cosmetology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			COSM-100	Cosmetology I
			COSM-150	Cosmetology II
			COSM-200	Cosmetology III
			COSM-250	Cosmetology IV
			COSM-275	Comprehensive Cosmetology
			COSM-187	Special Instruction***
			COSM-188	Special Instruction***
			COSM-189	Special Instruction***
			COSM-297	Special Project***
			COSM-298	Special Project***
			COSM-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

Vincennes Campus

Department/Program Chair Date

Department/Program Chair Date

Director/College Dean Date

College Dean Date

Vice President Date

Provost Date

NOTES:

