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.**

Emergency Management

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			EMAP-100	Principles of Emergency Management
			EMAP-130	Incident Management Systems
			EMAP-160	Emergency Preparedness and Planning
			EMAP-180	Weapons of Mass Destruction
			EMAP-205	Responding to Terrorism Incidents
			EMAP-215	Emergency Exercise and Design
			EMAP-230	Emergency Operations Center (EOC) Management
			EMAP-230L	Emergency Operations Center (EOC) Management Lab
			EMAP-187	Special Instruction***
			EMAP-188	Special Instruction***
			EMAP-189	Special Instruction***
			EMAP-297	Special Project***
			EMAP-298	Special Project***
			EMAP-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: _____