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 Medical Services - Basic

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			EMTB-212	Emergency Medical Technician
			EMTB-220	Emergency Medical Technician - Basic Advanced
			EMTB-230	Primary Instructor
			EMTB-250	EMS Experience
			EMTB-187	Special Instruction***
			EMTB-188	Special Instruction***
			EMTB-189	Special Instruction***
			EMTB-297	Special Project***
			EMTB-298	Special Project***
			EMTB-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: _____