

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 - Paramedic

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			EMTP-160	Paramedic Prehospital Care I
			EMTP-165	Paramedic Clinical Education I
			EMTP-260	Paramedic Prehospital Care II
			EMTP-265	Paramedic Clinical Education II
			EMTP-290	Paramedic Prehospital Care III
			EMTP-291	Paramedic Clinical Education III
			EMTP-294	Paramedic Capstone
			EMTP-187	Special Instruction***
			EMTP-188	Special Instruction***
			EMTP-189	Special Instruction***
			EMTP-297	Special Project***
			EMTP-298	Special Project***
			EMTP-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:

