

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.**

French

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			FREN-100	Basic Conversational French
			FREN-101	French Level I
			FREN-103	French Level II
			FREN-117	Explore the French-Speaking World
			FREN-201	French Level III
			FREN-203	French Level IV
			FREN-211	Intermediate French Readings I
			FREN-212	Intermediate French Readings II
			FREN-217	Intermediate Conversational French
			FREN-230	Contemporary French Civilization
			FREN-187	Special Instruction***
			FREN-188	Special Instruction***
			FREN-189	Special Instruction***
			FREN-297	Special Project***
			FREN-298	Special Project***
			FREN-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 Chair/Program Chair Date

Department Chair/Program Chair Date

Director/College Dean Date

College Dean Date

Vice President Date

Provost Date

NOTES:
