

# ADJUNCT FACULTY APPROVAL FORM

**Program Seeking Approval:**

**Legal Name of Faculty:**

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**A#:**

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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.**

## Health Information Management

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HIMT-100	Introduction to Health Information Management
			HIMT-110	Medical Terminology for Allied Health
			HIMT-121	Data Analysis
			HIMT-130	Medicolegal Aspects of Health Records
			HIMT-190	Professional Practice I
			HIMT-200	Health Care Coding I
			HIMT-204	Health Care Coding II
			HIMT-206	Medical Transcription I
			HIMT-207	Medical Transcription II
			HIMT-211	Clinical Quality Management
			HIMT-213	Pharmacology for Allied Health
			HIMT-220	Reimbursement + Management Processes
			HIMT-240	Professional Practice II
			HIMT-250	Seminar in Health Information Management
			HIMT-187	Special Instruction***
			HIMT-188	Special Instruction***
			HIMT-189	Special Instruction***
			HIMT-297	Special Topics***
			HIMT-298	Special Topics***
			HIMT-299	Special Topics***
<b>A subtitle is required for all Special Instruction/Project courses --                      Please write the requested subtitle in following the *** on the appropriate course line</b>				

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:**

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