

# 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.**

## Health

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HLTH-101	Introduction to Health Promotion and Health Education
			HLTH-111	Apprenticeship First Aid I
			HLTH-112	Apprenticeship First Aid II
			HLTH-201	Personal Health Science
			HLTH-210	Community Health and Wellness
			HLTH-211	First Aid
			HLTH-213	Advanced First Aid
			HLTH-187	SPECIAL INSTRUCTION***
			HLTH-188	SPECIAL INSTRUCTION***
			HLTH-189	SPECIAL INSTRUCTION***
<b>A subtitle is required for all Special Instruction/Project courses --</b> <b>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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_