

# 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 Sciences, General

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HSGN-102	Introduction to Health Careers
			HSGN-106	Dementia Care
			HSGN-120	Certified Nursing Assistant
			HSGN-140	Pharmacology for Allied Health Professions
			HSGN-200	Nurse Assistant Preparatory Course
			HSGN-240	Multicultural Health
			HSGN-311	Biomedical and Managerial Statistics
			HSGN-187	Special Instruction***
			HSGN-188	Special Instruction***
			HSGN-189	Special Instruction***
			HSGN-297	Special Project***
			HSGN-298	Special Project***
			HSGN-299	Special Project***
<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 2020-21 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_