

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.**

Loss Prevention and Safety

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			LOSS-115	Principles of Loss Prevention
			LOSS-155	Private Security Law
			LOSS-170	Security I
			LOSS-205	Safety Issues in Loss Prevention
			LOSS-220	Risk Management
			LOSS-240	Security II
			LOSS-270	Internship in Security
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:

