

# 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.**

## Multimedia Communications

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			MCOM-285	Internship
			MCOM-187	Special Instruction***
			MCOM-188	Special Instruction***
			MCOM-189	Special Instruction***
			MCOM-297	Special Project***
			MCOM-298	Special Project***
			MCOM-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:**

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