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.**

Management

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			MGMT-100	Introduction to Business
			MGMT-103	Team Leadership
			MGMT-130	Introduction to Community Leadership
			MGMT-230	Community Leadership
			MGMT-250	Introduction to Management
			MGMT-255	Principles of Salesmanship
			MGMT-256	Introduction to Human Resource Management
			MGMT-257	Supervision
			MGMT-260	Organizational Leadership
			MGMT-265	Business Statistics
			MGMT-274	Building Inclusive Teams
			MGMT-275	Introduction to Business Finance
			MGMT-279	Business Issues
			MGMT-280	Introduction to Marketing
			MGMT-284	Operations Management
			MGMT-289	Managerial Interactions in Business
			MGMT-293	Integrated Business Project
			MGMT-294	Critical Thinking Skills for Managers
			MGMT-305	Principles of Management
			MGMT-341	Principles of Human Resource Management
			MGMT-357	Quality Management
			MGMT-410	Managerial Interpersonal & Communication Skills
			MGMT-433	Organizational Behavior
			MGMT-440	Business Strategy - Analysis and Implementation
			MGMT-451	Management Projects
			MGMT-490	Business Strategy
			MGMT-187	Special Instruction***
			MGMT-188	Special Instruction***
			MGMT-189	Special Instruction***
			MGMT-297	Special Project***
			MGMT-298	Special Project***
			MGMT-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

Department/Program Chair _____ Date _____

Director/College Dean _____ Date _____

Vice President _____ Date _____

Vincennes Campus

Department/Program Chair _____ Date _____

College Dean _____ Date _____

Provost _____ Date _____

NOTES: _____