# 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.**

## Marketing Management

| Requested | Approved (Initial) | Denied (Initial) | Course # | Course Name |
|---|---|---|---|---|
| | | | MKTG-179 | Sport Marketing |
| | | | MKTG-187 | Special Instruction*** |
| | | | MKTG-188 | Special Instruction*** |
| | | | MKTG-189 | Special Instruction*** |
| | | | MKTG-297 | Special Project*** |
| | | | MKTG-298 | Special Project*** |
| | | | MKTG-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:**