

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.**

Nursing, Associate Degree

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			NURS-100	Nursing Fundamentals
			NURS-101	Nursing Fundamentals Discussion
			NURS-110	Pharmacology I
			NURS-112	Pediatric-Adolescent Nursing
			NURS-113	Pediatric-Adolescent Nursing Discussion
			NURS-122	Psychosocial-Mental Health Nursing
			NURS-123	Psychosocial-Mental Health Nursing Discussion
			NURS-201	Medical-Surgical Nursing II Discussion
			NURS-212	Reproductive Health and Newborn Nursing
			NURS-213	Reproductive Health and Newborn Nursing Discussion
			NURS-222	Adult Health Nursing I
			NURS-223	Adult Health Nursing I Discussion
			NURS-231	Pediatric Nursing Discussion
			NURS-232	Adult Health Nursing II
			NURS-233	Adult Health Nursing II Discussion
			NURS-240	Psychosocial Nursing
			NURS-241	Psychosocial Nursing Discussion
			NURS-242	Roles of the Professional Nurse
			NURS-250	Medical-Surgical Nursing III
			NURS-251	Medical-Surgical Nursing III Discussion
			NURS-260	Issues and Trends
			NURS-187	Special Instruction***
			NURS-188	Special Instruction***
			NURS-189	Special Instruction***
			NURS-297	Special Project***
			NURS-298	Special Project***
			NURS-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:
