

# 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, Bachelor Degree

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			NURS-300	Professional Nursing
			NURS-320	Health Care Policy
			NURS-330	Physical Assessment
			NURS-340	Pathophysiology
			NURS-355	Pharmacology II
			NURS-360	Introduction to Nursing Research
			NURS-380	Gerontology Nursing
			NURS-400	Informatics
			NURS-460	Community Health Nursing
			NURS-475	Nursing Leadership and Management
			NURS-485	Quality + Safety in Nursing
			NURS-490	Capstone Experience in Baccalaureate Nursing
			NURS-491	Capstone Planning for Baccalaureate Nursing
			NURS-187	Special Instruction***
			NURS-188	Special Instruction***
			NURS-189	Special Instruction***
			NURS-297	Special Project***
			NURS-298	Special Project***
			NURS-299	Special Project***
<b>A subtitle is required for all Special Instruction/Project courses --                      Please write the requested subtitle in following the *** on the appropriate course line</b>				

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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