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.**

Office Administration

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			OADM-107	Business Protocol Seminar
			OADM-150	Keyboarding II
			OADM 151	Office Procedures and Business Machines
			OADM 152	Communications and Office Etiquette
			OADM-153	Electronic Calculations
			OADM-155	Records Management
			OADM-161	Word Processing
			OADM-170	Medical Terminology
			OADM-175	Medical Insurance Coding for the Physician Practice
			OADM-210	Advanced Communication Tools
			OADM-215	Machine Transcription
			OADM-230	Medical Insurance Billing
			OADM 231	Advanced Medical Insurance Billing
			OADM-232	Presentation Software
			OADM-233	Spreadsheets
			OADM-234	Databases
			OADM-235	Legal Transcription
			OADM-260	Office Management
			OADM-266	Professional Business Image
			OADM-267	Office Technology Seminar
			OADM-187	Special Instruction***
			OADM-188	Special Instruction***
			OADM-189	Special Instruction***
			OADM-297	Special Project***
			OADM-298	Special Project***
			OADM-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: _____