

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.**

Pharmacy Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			PHRM-105	Pharmacology I
			PHRM-110	Dispensing Lab I
			PHRM-115	Pharmacy Law and Ethics for Technicians
			PHRM-200	Pharmacy Management
			PHRM-206	Pharmacology II
			PHRM-211	Dispensing Lab II
			PHRM-220	Pharmacy Calculations
			PHRM-225	Practicum
			PHRM-187	Special Instruction***
			PHRM-188	Special Instruction***
			PHRM-189	Special Instruction***
			PHRM-297	Special Project***
			PHRM-298	Special Project***
			PHRM-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:
