

# 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.**

## Radiography

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			RADG-100	Fundamentals of Radiologic Science and Health Care
			RADG-101	Clinical Practice I
			RADG-103	Patient Care in Radiologic Sciences I
			RADG-104	Radiographic Procedures I
			RADG-109	Clinical Practice II
			RADG-110	Patient Care in Radiologic Sciences II
			RADG-111	Radiographic Procedures II
			RADG-111L	Radiographic Procedures II Laboratory
			RADG-114	Radiation Production and Characteristics I
			RADG-115	Clinical Practice III
			RADG-116	Clinical Practice IV
			RADG-201	Radiation Production and Characteristics II
			RADG-202	Principles of Imaging I
			RADG-205	Clinical Practice V
			RADG-207	Radiation Biology
			RADG-208	Radiographic Pathology
			RADG-209	Imaging Equipment
			RADG-210	Clinical Practice VI
			RADG-211	Seminar in Radiography
			RADG-212	Radiographic Procedures III
			RADG-212L	Radiographic Procedures III Laboratory
			RADG-215	CT and Sectional Anatomy
			RADG-220	Digital Image Acquisition and Display
<b>A subtitle is required for all Special Instruction/Project courses --</b> <b>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

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Department Chair/Program Chair                      Date

\_\_\_\_\_  
Director/College Dean                                      Date

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College Dean    Date

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Vice President    Date

\_\_\_\_\_  
Provost    Date

**NOTES:**

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