

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.**

Surgical Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			SURG-100	Surgical Technology I
			SURG-105	Surgical Technology Application
			SURG-110	Pharmacology for Surgical Technologists
			SURG-205	Surgical Technology II
			SURG-210	Surgical Applications and Clinical Skills
			SURG-215	Surgical Technology III
			SURG-225	Professional Practice
			SURG-230	Surgical Pharmacology
			SURG-187	Special Instruction***
			SURG-188	Special Instruction***
			SURG-189	Special Instruction***
			SURG-297	Special Project***
			SURG-298	Special Project***
			SURG-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:
