

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.**

Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			TECH-300	Workplace Diversity
			TECH-310	Technology Project Applications I
			TECH-360	Technology Project Applications II-Internship
			TECH-375	Industrial Supervision
			TECH-410	Technology Project Research I
			TECH-421	Facilities Planning
			TECH-425	Current issues in Technology
			TECH-455	Problem Solving
			TECH-490	Technology Project Research II: Capstone
			TECH-187	Special Instruction***
			TECH-188	Special Instruction***
			TECH-189	Special Instruction***
			TECH-297	Special Project***
			TECH-298	Special Project***
			TECH-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:
