

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 On-the-Job Training

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			TOJT-101	On-the-Job I
			TOJT-102	On-the-Job II
			TOJT-103	On-the-Job III
			TOJT-104	On-the-Job IV
			TOJT-110	Technology Training I
			TOJT-111	Technology Training II
			TOJT-200	Technology Training III
			TOJT-205	On-the-Job V
			TOJT-206	On-the-Job VI
			TOJT-207	On-the-Job VII
			TOJT-208	On-the-Job VIII
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:
