

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.**

Practical Nursing

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			NURP-100	Fundamentals of Nursing
			NURP-105	Nursing I
			NURP-110	Basic Pharmacology
			NURP-111	Basic Pharmacology Disucssion
			NURP-140	Maternal and Child Health Nursing
			NURP-150	Nursing II
			NURP-210	Role of the Practical Nurse
			NURP-215	Nursing III - Geriatrics
			NURP-220	Practical Nurse Review
			NURP-187	Special Instruction***
			NURP-188	Special Instruction***
			NURP-189	Special Instruction***
			NURP-297	Special Project***
			NURP-298	Special Project***
			NURP-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 2023-24 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:
