

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.**

Physical Fitness/Wellness

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			PFWL-100	Lifetime Fitness/Wellness
			PFWL-112	Fitness/Wellness for Law and Safety Professions
			PFWL-115	Concepts in Wellness
			PFWL-187	Special Instruction***
			PFWL-188	Special Instruction***
			PFWL-189	Special Instruction***
			PFWL-297	Special Project***
			PFWL-298	Special Project***
			PFWL-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:
