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. American Sign Language Requested Approved Denied Course # **Course Name** ASLG-101 American Sign Language I **ASLG-103** American Sign Language II ASLG-111 The Deaf Culture and Community ASLG-118 Serving Deaf People in the Community ASLG-201 American Sign Language III ASLG-203 American Sign Language IV American Sign Language Features I ASLG-206 ASLG-208 American Sign Language Features II ASLG-210 American Sign Language Literature ASLG-216 Service Learning in the Deaf Community ASLG-217 Fingerspelling and Numbers in ASL ASLG-220 Linguistics of American Sign Language **ASLG-250** Introduction to Interpreting **ASLG-187** Special Instruction*** ASLG-188 Special Instruction*** Special Instruction*** ASLG-189 ASLG-297 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

ASLG-298

ASLG-299

Non-Vinconnos Campus

NOTES:

Special Project***

Special Project***

Updated for 2023-24 Academic Year

Vincennes Compus

Non-vincennes campus		vincennes Campus	
Department Chair/Program Chair	Date	Department Chair/Program Chair	Date
Director/College Dean	Date	College Dean	Dat
Vice President	Date	Provost	Da

REVIEWED BY: