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. **Study Skills**

Requested	Approved	Denied	Course #	Course Name
			SSKL-006	University Experience for Student Support Services (SSS)
			SSKL-009	University College
			SSKL-100	Study Skills for Math
			SSKL-103	Study Skills
			SSKL-104	Success Strategies
			SSKL-105	Learning Strategies
			SSKL-106	Career Planning
			SSKL-187	Special Instruction***
			SSKL-188	Special Instruction***
			SSKL-189	Special Instruction***
•	As	ubtitle is requi	red for all Speci	al Instruction/Project courses

Updated for 2023-24 Academic Year

DEVIEWED BV.

Please write the requested subtitle in following the *** on the appropriate course line

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:							