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.**

Computer Science

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			CSCI-126	Introduction to Computer Tools for Scientists and Engineers
			CSCI-159	Programming for Scientists and Engineers
			CSCI-280	Discrete Structures
			CSCI-187	Special Instruction***
			CSCI-188	Special Instruction***
			CSCI-189	Special Instruction***
			CSCI-297	Special Project***
			CSCI-298	Special Project***
			CSCI-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: _____
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