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.**

Health Care Services Administration

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HCSA-300	Seminar in Health Care Administration
			HCSA-310	Informatics in Health Care Administration
			HCSA-323	Health Care Law and Ethics
			HCSA-350	Medical Practice Management
			HCSA-400	Reimbursement in Health Care Administration
			HCSA-422	Regulartory Compliance & Quality Improvement in Health Care
			HCSA-431	Strategic Management in Health Care Organizations
			HCSA-490	Capstone Experience in Health Care Services Administration
			HCSA-187	Special Instruction***
			HCSA-188	Special Instruction***
			HCSA-189	Special Instruction***
			HCSA-287	Special Topics***
			HCSA-288	Special Topics***
			HCSA-289	Special Topics***
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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