

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

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HLTH-101	Introduction to Health Promotion and Health Education
			HLTH-111	Apprenticeship First Aid I
			HLTH-112	Apprenticeship First Aid II
			HLTH-201	Personal Health Science
			HLTH-210	Community Health and Wellness
			HLTH-211	First Aid
			HLTH-213	Advanced First Aid
			HLTH-187	SPECIAL INSTRUCTION***
			HLTH-188	SPECIAL INSTRUCTION***
			HLTH-189	SPECIAL INSTRUCTION***
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:
