

# ADJUNCT FACULTY APPROVAL FORM

**Program Seeking Approval:**

**Legal Name of Faculty:**

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**A#:**

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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 Sciences, General

Requested	Approved	Denied	Course #	Course Name
			HSGN-102	Introduction to Health Careers
			HSGN-106	Dementia Care
			HSGN-140	Pharmacology for Allied Health Professions
			HSGN-200	Nurse Assistant Preparatory Course
			HSGN-201	Clinical Medical Assistant Preparation Course
			HSGN-202	Sterile Processing Technology
			HSGN-240	Multicultural Health
			HSGN-311	Biomedical and Managerial Statistics
			HSGN-187	Special Instruction***
			HSGN-188	Special Instruction***
			HSGN-189	Special Instruction***
			HSGN-297	Special Project***
			HSGN-298	Special Project***
			HSGN-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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