

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.**

Physical Education

Requested	Approved	Denied	Course #	Course Name
			PHED-121	Lifeguard Training
			PHED-123	Skin and Scuba Diving
			PHED-131	Varsity Sports
			PHED-150	Introduction to Kinesiology & Sport
			PHED-152	Career Preparation for Kinesiology and Sport
			PHED-205	Practicum in Kinesiology and Sport
			PHED-210	Physical Education for K-12
			PHED-211	Introduction to Sports Management
			PHED-212	Introduction to Exercise Science
			PHED-235	Officiating Team Sports
			PHED-240	Recreational Sports Programming
			PHED-251	Instructional Leadership for Human Movement/Exercise Activity
			PHED-255	Management of Recreation, Sport and Fitness
			PHED-270	Exercise Program Development and Evaluation
			PHED-271	Psycho-Socio Aspects of Sport and Exercise
			PHED-294	Kinesiology
			PHED-187	Special Instruction***
			PHED-188	Special Instruction***
			PHED-189	Special Instruction***
			PHED-297	Special Project***
			PHED-298	Special Project***
			PHED-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:
