ADJUNCT FACULTY APPROVAL FORM

Program Seeking Approval:	
Legal Name of Faculty:	
A #:	
reby requested that the above-named person be approved	to serve as a faculty member for Vincennes University to teach the
ng courses: COMPLETION OF THIS FORM IS NOT CONFIR	MATION OF EMPLOYMENT AT VU. A PAYROLL NOTIFICATION

It is here following courses: **COMPLETION OF THIS FORM IS I MUST BE COMPLETED BEFORE TEACHING AT VU.**

Technical Chemistry

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name	
			CHMT-100	Fuels, Lubricants and Coolants	
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 2 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:				