

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.**

Broadcasting

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			BCST-102	Introduction to Audio-Video Production
			BCST-110	Media Performance
			BCST-112	News Gathering and Storytelling
			BCST-120	Audio Production
			BCST-140	Video Production I (Studio Production)
			BCST-205	Sports Media
			BCST-206	Video Production II (Field Production)
			BCST-235	News Writing and Producing
			BCST-240	Broadcast Industries
			BCST-245	Advanced Electronic Journalism
			BCST-260	Video Editing and Post-Production
			BCST-270	Photojournalism for Broadcast
			BCST-280	Producing and Directing
			BCST-281	Broadcast Capstone Practicum
			BCST-285	Internship in Electronic Media
			BCST-291	Radio Practicum
			BCST-187	Special Instruction***
			BCST-188	Special Instruction***
			BCST-189	Special Instruction***
			BCST-297	Special Project***
			BCST-298	Special Project***
			BCST-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:
