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.**

Right Skills NOW Machining - Industrial Maintenance Certificate

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
☐			RSNI-101	Electrical Maintenance I
☐			RSNI-102	Fluid Power Maintenance
☐			RSNI-103	Mechanical Maintenance I
☐			RSNI-104	PLC Operations and Maintenance I
☐			RSNI-201	Machine Control and Communication
☐			RSNI-202	Automation
☐			RSNI-203	Robotics
☐			RSNI-187	Special Instruction
☐			RSNI-188	Special Instruction
☐			RSNI-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/Program Chair Date	Department/Program Chair Date
Director/College Dean Date	College Dean Date
Vice President Date	Provost Date

NOTES: _____