

# 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.**

## Insurance

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			INSR-210	Principles of Insurance
<b>A subtitle is required for all Special Instruction/Project courses -- Please write the requested subtitle in following the *** on the appropriate course line</b>				

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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