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.**

Computer Web Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			CWEB-151	Introduction to Web Graphics and Tools
			CWEB-213	Web-Based Electronic Commerce
			CWEB-220	Web Application Development
			CWEB-187	Special Instruction***
			CWEB-188	Special Instruction***
			CWEB-189	Special Instruction***
			CWEB-297	Special Project***
			CWEB-298	Special Project***
			CWEB-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/Program Chair	Date	Department/Program Chair	Date
Director/College Dean	Date	College Dean	Date
Vice President	Date	Provost	Date

NOTES: _____