

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.**

Horticulture Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			HORT-105	Introduction to Landscape Horticulture
			HORT-150	Integrated Pest Management
			HORT-165	Greenhouse Management and Hydroponics
			HORT-175	Applied Related Training
			HORT-180	Therapeutic Horticulture
			HORT-205	Landscaping I: Landscape Design
			HORT-215	Urban Food Production
			HORT-218	Introduction to Herbaceous Landscape Plants
			HORT-225	Introduction to Dendrology: Trees and Shrubs of the Midwest
			HORT-255	Landscaping II: Landscape Management
			HORT-270	Arboriculture
			HORT-187	Special Instruction
			HORT-188	Special Instruction
			HORT-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:
