ADJUNCT FACULTY APPROVAL FORM

Program Seeкing Approvai: Legal Name of Faculty:				
A#:	•			
= = •		ne approved to se	erve as a faculty member for Vincennes University to tea	ch the
			TION OF EMPLOYMENT AT VU. A PAYROLL NOTIFICA	
IUST BE COMPLETED BEFORE TEAC	HING AT VU.			
Nursing, Bachelor Degr	ee			
Requested Approved	Denied	Course #	Course Name	
		NURS-300	Professional Nursing	
		NURS-301	Introduction to Baccalaureate Nursing	
		NURS-320	Health Care Policy	
		NURS-330	Physical Assessment	
		NURS-335	Nursing Care of the Adult I	
		NURS-340	Pathophysiology	
		NURS-345	Mental Health Nursing	
		NURS-360	Introduction to Nursing Research	
		NURS-380	Gerontology Nursing	
		NURS-395	Nursing Care of the Adult II	
		NURS-400	Informatics	
		NURS-405	Nursing Care of the Adult III	
		NURS-415	Nursing Care of Children and Childbearing Wom	en
		NURS-455	Nursing Care of the Adult IV Clinical Concentration	on
		NURS-460	Community Health Nursing	
		NURS-465	Community Health for Pre-licensure Student	
		NURS-475	Nursing Leadership and Management	
		NURS-485	Quality + Safety in Nursing	
		NURS-490	Capstone Experience in Baccalaureate Nursing	
		NURS-491	Capstone Planning for Baccalaureate Nursing	
		NURS-495	Transition to Nursing Practice	
		NURS-496	Licensure Preparation	
		NURS-187	Special Instruction***	
		NURS-188	Special Instruction***	
		NURS-189	Special Instruction***	
		NURS-297	Special Project***	
		NURS-298	Special Project***	
		NURS-299	Special Project***	
	-		al Instruction/Project courses	
Please write the	requestea su	ibtitle in follov	ving the *** on the appropriate course line Updated for 2023-24 Ad	ademic Year
		REVIEV	VED BY:	
Non-Vincennes Campu	S		Vincennes Campus	
epartment Chair/Program Chair	Date		Department Chair/Program Chair	Date
-			-	
irector/College Dean	Date		College Dean	Date
ice President	Date		Provost	Dat