ADJUNCT FACULTY APPROVAL FORM

Program Seeking Approval:	
Legal Name of Faculty:	
A #:	
eby requested that the above-named person be approved	to serve as a faculty member for Vincennes University to teach the

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.**

Technology On-the-Job Training

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name		
			TOJT-101	On-the-Job I		
			TOJT-102	On-the-Job II		
			TOJT-103	On-the-Job III		
			TOJT-104	On-the-Job IV		
			TOJT-110	Technology Training I		
			TOJT-111	Technology Training II		
			TOJT-200	Technology Training III		
			TOJT-205	On-the-Job V		
			TOJT-206	On-the-Job VI		
			TOJT-207	On-the-Job VII		
			TOJT-208	On-the-Job VIII		
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	5	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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