

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.**

Communication

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			COMM-143	Speech
			COMM-148	Interpersonal Communication
			COMM-201	Voice and Articulation
			COMM-202	Oral Interpretation of Literature
			COMM-203	Introduction to Communication Studies
			COMM-204	Business and Professional Communication
			COMM-205	Small Group Communication
			COMM-206	Introduction to Advertising
			COMM-207	Introduction to Public Relations
			COMM-187	Special Instruction***
			COMM-188	Special Instruction***
			COMM-189	Special Instruction***
			COMM-297	Special Project***
			COMM-298	Special Project***
			COMM-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 Chair/Program Chair Date

Department Chair/Program Chair Date

Director/College Dean Date

College Dean Date

Vice President Date

Provost Date

NOTES:
