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.

Business Internship

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			BINT-205	Business Internship I
			BINT-206	Business Internship II
			BINT-207	Logistics Internship
			BINT-187	Special Instruction***
			BINT-188	Special Instruction***
			BINT-189	Special Instruction***
			BINT-297	Special Project***
			BINT-298	Special Project***
			BINT-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 Camp	ous	Vincennes Campus					
Department/Program Chair	Date	Department/Program Chair	Date				
Director/College Dean	Date	College Dean	Date				
Vice President	Date	Provost	Date				
NOTES:							
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