## **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. **Corrections** Requested Approved (Initial) **Denied (Initial)** Course # **Course Name** Survey of Corrections CORR-100 **CORR-130 Correctional Facilities** CORR-215 Community-Based Corrections CORR-235 Case Management in Corrections CORR-255 Internship in Corrections 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 Department/Program Chair Date Date Date Director/College Dean Date College Dean

Provost

Date

Vice President

**NOTES:** 

Date