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.**

Computer Networking Technology

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			CPNS-101	LAN Basics and OSI Model
			CPNS-102	WAN Basics and Routers
			CPNS-170	Computer Networking I
			CPNS-175	Microsoft Certification
			CPNS-205	CCNA Certification
			CPNS-222	Wireless Networking for WANs
			CPNS-240	Computer Networking II
			CPNS-248	CompTIA Security+
			CPNS-249	CompTIA Security+ Certification Prep
			CPNS-280	Computer Networking III
			CPNS-283	Computer Networking IV
			CPNS-187	Special Instruction***
			CPNS-188	Special Instruction***
			CPNS-189	Special Instruction***
			CPNS-297	Special Project***
			CPNS-298	Special Project***
			CPNS-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/Program Chair Date	Department/Program Chair Date
Director/College Dean Date	College Dean Date
Vice President Date	Provost Date

NOTES: _____

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