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.**

Culinary Arts

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			CULN-110	Quantity Food Production
			CULN-150	Advanced Quantity Food Production
			CULN-161	Introduction to Baking
			CULN-210	Pastry and Bake Shop Production
			CULN-215	Supervision of the Quantity Food Facility
			CULN-220	Fundamental Skills and Techniques in Pastry
			CULN-230	Nutrition for the Food Service Professional
			CULN-245	Advanced Baking and Pastry Production
			CULN-250	Off-Site Catering
			CULN-260	Haute Cuisine and Special Food Items
			CULN-285	Advanced Culinary Artistry
			CULN-187	Special Instruction***
			CULN-188	Special Instruction***
			CULN-189	Special Instruction***
			CULN-297	Special Project***
			CULN-298	Special Project***
			CULN-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: _____