## 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.** 

## **Emergency Medical Services - Basic**

Requested Approved (Initial) Denied (Initial)		Denied (Initial)	Course #	Course Name		
			EMTB-212	Emergency Medical Technician		
			EMTB-220	Emergency Medical Technician - Basic Ac	dvanced	
			EMTB-230	Primary Instructor		
			EMTB-250	EMS Experience		
			EMTB-187	Special Instruction***		
			EMTB-188	Special Instruction***		
			EMTB-189	Special Instruction***		
			EMTB-297	Special Project***		
			EMTB-298	Special Project***		
			EMTB-299	Special Project***		
	A	A subtitle is require	ed for all Specia	I Instruction/Project courses		
	Please writ	e the requested su	ubtitle in follow	ing the *** on the appropriate course lir	e	
				Updated for 2	2023-24 Academic Year	
			REVIEW	/ED BY:		
Non-Vincennes Campus				Vincennes Campus		
Department/Program Chair Date				Department/Program Chair	Data	
Department/Program Chair Date			Department/Frogram Chair	Date		
Director/College Dean Date			College Dean	Date		
Vice President Date			Provost	Date		
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