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 - First Responder**

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name		
			EMTF-120	Emergency Medical Responder		
			EMTF-187	Special Instruction***		
			EMTF-188	Special Instruction***		
			EMTF-189	Special Instruction***		
			EMTF-297	Special Project***		
			EMTF-298	Special Project***		
			EMTF-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

REV	IEW	/ED	BY
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REVIEWED BY:							
Non-Vincennes Campu	us	Vincennes Campus					
Department/Program Chair	Date	Department/Program Chair	Date				
Director/College Dean	Date	College Dean	Date				
Vice President	Date	Provost	Date				
NOTES:							