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 - Paramedic**

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			EMTP-160	Paramedic Prehospital Care I
			EMTP-165	Paramedic Clinical Education I
			EMTP-260	Paramedic Prehospital Care II
			EMTP-265	Paramedic Clinical Education II
			EMTP-290	Paramedic Prehospital Care III
			EMTP-291	Paramedic Clinical Education III
			EMTP-294	Paramedic Capstone
			EMTP-187	Special Instruction***
			EMTP-188	Special Instruction***
			EMTP-189	Special Instruction***
			EMTP-297	Special Project***
			EMTP-298	Special Project***
			EMTP-299	Special Project***
	<u> </u>	subtitle is requi	red for all Specia	I 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:							