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. **Office Administration**

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name	
			OADM-107	Business Protocol Seminar	
			OADM-150	Keyboarding II	
			OADM 151	Office Procedures and Business Machines	
			OADM 152	Communications and Office Etiquette	
			OADM-233	Spreadsheets	
			OADM-234	Databases	
			OADM-266	Professional Business Image	
			OADM-187	Special Instruction***	
			OADM-188	Special Instruction***	
			OADM-189	Special Instruction***	
			OADM-297	Special Project***	
			OADM-298	Special Project***	
			OADM-299	Special Project***	
	A subtitle is required for all Special Instruction/Project courses				

Updated for 2023-24 Academic Year

REVIEWED BY-

Please write the requested subtitle in following the *** on the appropriate course line

		REVIEWED DI.	
Non-Vincennes Camp	ous	Vincennes Campus	
Department/Program Chair	Date	Department/Program Chair	Date
Director/College Dean	Date	College Dean	Date
Vice President	Date	Provost	Date
NOTES:			