

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.**

Physical Therapist Assisting

Requested	Approved	Denied	Course #	Course Name
			PTAS-105	Pathophysiology for the Physical Therapist Assistant
			PTAS-110	Physical Therapist Assisting I
			PTAS-120	Physical Therapist Assisting II
			PTAS-130	Clinical Education I
			PTAS-210	Physical Therapist Assisting III
			PTAS-224	Clinical Education II
			PTAS-225	Clinical Education III
			PTAS-230	Seminar in Physical Therapist Assisting
			PTAS-187	Special Instruction***
			PTAS-188	Special Instruction***
			PTAS-189	Special Instruction***
			PTAS-297	Special Project***
			PTAS-298	Special Project***
			PTAS-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 Chair/Program Chair Date

Department Chair/Program Chair Date

Director/College Dean Date

College Dean Date

Vice President Date

Provost Date

NOTES:
