ADJUNCT FACULTY APPROVAL FORM

Program Seeking Approval:	
Legal Name of Faculty:	
Δ#•	

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.

Technical Mathematics

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name			
			MATT-017	Corequisite for Applied Mathematics			
			MATT-019	Corequisite for Business Mathematics			
			MATT-107	Applied Mathematics			
			MATT-109	Business Mathematics			
			MATT-187	Special Instruction***			
			MATT-188	Special Instruction***			
			MATT-189	Special Instruction***			
			MATT-297	Special Project***			
			MATT-298	Special Project***			
			MATT-299	Special Project***			
	A subtitle is required for all Special Instruction/Project courses						

A subtitle is required for all Special Instruction/Project courses --Please write the requested subtitle in following the *** on the appropriate course line

Non-Vincennes Campus	s	REVIEWED BY: 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:				