

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.**

Health Information Management

Requested	Approved	Denied	Course #	Course Name
			HIMT-100	Introduction to Health Information Management
			HIMT-110	Medical Terminology for Allied Health
			HIMT-121	Data Analysis
			HIMT-130	Medicolegal Aspects of Health Records
			HIMT-190	Professional Practice I
			HIMT-200	Health Care Coding I
			HIMT-204	Health Care Coding II
			HIMT-211	Clinical Quality Management
			HIMT-213	Pharmacology for Allied Health
			HIMT-220	Reimbursement + Management Processes
			HIMT-240	Professional Practice II
			HIMT-250	Seminar in Health Information Management
			HIMT-187	Special Instruction***
			HIMT-188	Special Instruction***
			HIMT-189	Special Instruction***
			HIMT-297	Special Topics***
			HIMT-298	Special Topics***
			HIMT-299	Special Topics***
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:
