

# 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.**

## Surgical Technology

Requested	Approved	Denied	Course #	Course Name
			SURG-100	Surgical Technology I
			SURG-105	Surgical Technology Application
			SURG-110	Pharmacology for Surgical Technologists
			SURG-205	Surgical Technology II
			SURG-210	Surgical Applications and Clinical Skills
			SURG-215	Surgical Technology III
			SURG-225	Professional Practice
			SURG-187	Special Instruction***
			SURG-188	Special Instruction***
			SURG-189	Special Instruction***
			SURG-297	Special Project***
			SURG-298	Special Project***
			SURG-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:**

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