

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.**

English as an Additional Language

| Requested | Approved (Initial) | Denied (Initial) | Course # | Course Name |
|---|--------------------|------------------|----------|--------------------------|
| | | | EALG-086 | Community Based EAL |
| | | | EALG-090 | Pre-EAL |
| | | | EALG-091 | Beginning EAL |
| | | | EALG-092 | Low Beginning EAL 2 |
| | | | EALG-093 | High Beginning EAL 3 |
| | | | EALG-094 | Low Intermediate EAL 4 |
| | | | EALG-095 | High Intermediate EAL 5 |
| | | | EALG-096 | Advanced EAL |
| | | | EALG-097 | Intensive Institute |
| | | | EALG-098 | Special Language Purpose |
| | | | EALG-100 | Bridge Class |
| | | | EALG-187 | Special Instruction |
| | | | EALG-188 | Special Instruction |
| | | | EALG-189 | Special Instruction |
| 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:
