

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.**

Athletic Training/Sports Medicine

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
			ATTR-199	Freshman Seminar: Athletic Training and Health Promotion
			ATTR-208	Athletic Training and Emergency First Aid
			ATTR-209	Introduction to Athletic Training
			ATTR-252	Athletic Training Practicum I
			ATTR-253	Athletic Training Practicum II
			ATTR-263	Athletic Training Practicum III
			ATTR-264	Athletic Training Practicum IV
			ATTR-187	SPECIAL INSTRUCTION***
			ATTR-188	SPECIAL INSTRUCTION***
			ATTR-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 2021-22 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:
