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.**

Right Skills NOW Machining - CNC Machining Certificate

Requested	Approved (Initial)	Denied (Initial)	Course #	Course Name
☐			RSNM-101	Measurement, Materials, and Safety
☐			RSNM-102	Job Planning, Bench Work and Layout
☐			RSNM-103	CNC Mill Operator
☐			RSNM-201	CNC Lathe Operator
☐			RSNM-202	CNC Mill: Programming, Setup, and Operations
☐			RSNM-203	CNC Turning: Programming, Setup, and Operations
☐			RSNM-187	Special Instruction
☐			RSNM-188	Special Instruction
☐			RSNM-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: _____