



COURSE SUBMISSION FORM

Revised Edition 07/16/12 AR

Office of the Registrar
P.O. Box 179
Lincoln University, PA 19352
Lincoln Hall, 1st Floor
(484) 365-8087:Phone (484) 365-8116: Fax

COURSE TITLE: Short (<= 20 Char.): <u>SPN 102/SPN 102L</u>		<input type="radio"/> New Course <input checked="" type="radio"/> Course Revision
FULL TITLE: (<= 35 Char.): <u>102 Elementary Spanish II/ SPN 102L Elementary Spanish II Lab</u>		Course Number: (xxx-000) Proposed: _____ Existing: <u>SPN-102</u>
COURSE DESCRIPTION must be typewritten (For Catalog, 2-3 sentences): This course is a sequel to SPN 101. This course offers the foundations of the Spanish language using a communicative-based approach. The course also introduces students to Latinx, Afrolatinx and Spanish cultures. The course requires three hours of lecture per week and one hour of lab instruction. Corequisite: SPN 102L		<input checked="" type="radio"/> Undergraduate <input type="radio"/> Graduate
Credit Hours: Class (Hr/Wk): <u>3</u> Lab (Hr/Wk): <u>1</u> Other (Hr/Wk): _____		Grading System <input checked="" type="radio"/> Standard <input type="radio"/> Pass/Fail <input type="radio"/> Other _____
Course is intended (Check all that apply): <input checked="" type="checkbox"/> Required for Majors: (list) _____ <input checked="" type="checkbox"/> Required for Minors: (list) _____ <input type="checkbox"/> Use in University Core Curriculum <input type="checkbox"/> Primarily as an Elective for Majors & Minors <input type="checkbox"/> Primarily as an Elective for Non-Majors <input checked="" type="checkbox"/> Can be taken by any Lincoln student		First term in which new revised course will be offered: _____ Expected Frequency: <input checked="" type="radio"/> Every Semester <input type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
Pre-Requisites	<u>SPN 101</u> _____ _____	<input checked="" type="radio"/> Every Semester <input type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
Co-Requisites	<u>102L</u> _____ _____	Probable Initial Instructor(s): _____ <small>Dr. Gardner or Dr. Martinez</small>
Approvals	Date	Signatures
Department		Chair: <u>W. Douthett</u>
School		Dean: <u>Patricia Joseph</u> <u>10/12/2020</u>
Curriculum Committee		Chair: _____
Faculty		Verified by Registrar: _____

Refer to the Course Approvals Manual for complete instructions for the submission of proposals.

Print Form