



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 302</u>		<input type="radio"/> New Course
FULL TITLE: (<= 35 Char.): <u>Advanced Spanish: Composition & Conversation II</u>		<input checked="" type="radio"/> Course Revision
COURSE DESCRIPTION must be typewritten (For Catalog, 2-3 sentences): This course is a sequel to SPN 301. This course develops the student's ability to communicate more fluently in speaking and in writing. The course incorporates a variety of task-based exercises and projects and also contains activities that will help students broaden their knowledge of Latinx, Afrolatinx and Spanish cultures. Prerequisite: SPN 301		Course Number: (xxx-000) Proposed: _____ Existing: <u>SPN-302</u>
		<input checked="" type="radio"/> Undergraduate <input type="radio"/> Graduate
		Credit Hours: Class (Hr/Wk): <u>3</u> Lab (Hr/Wk): _____ Other (Hr/Wk): _____
Course is intended (Check all that apply):		Grading System <input checked="" type="radio"/> Standard <input type="radio"/> Pass/Fail <input type="radio"/> Other _____
<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 type="radio"/> Every Semester <input checked="" type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
Pre-Requisites	<u>SPN 301</u> _____ _____	<input type="radio"/> Every Semester <input checked="" type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
Co-Requisites	_____ _____ _____	Probable Initial <small>Dr. Gardner or Dr. Martinez</small> Instructor(s): _____
Approvals	Date	Signatures
Department		Chair: <u>W. Doherty</u>
School		Dean: <u>Patricia Joseph</u> 10/12/2020
Curriculum Committee		Chair: _____
Faculty		Verified by Registrar: _____

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

Print Form