

COURSE SUBMISSION FORM

Revised 9/11/18 JD

Office of the Registrar

1570 Baltimore Pike Lincoln University, PA 19352 484-365-8087:Phone 484-365-8116:Fax

COURSE TITLE: Short (<= 20 Char.):				New Course
FULLTITLE (<= 35 Char.):				Course Revision
COURSE DESCRIPTION must be type written (For Catalog, 2-4 sentences):				Course Number: (xxx-000) Proposed: Existing:
	Undergraduate Graduate			
				Credit Hours: Class (Hr/Wk): Lab (Hr/Wk): Other (Hr/Wk):
				Grading System
Course is intended (Check all that apply):				□ Pass/Fail
□ Required for Majors: (list)				□ Other:
□ Required for Minors: (list)				First term in which new
□ Use in University Core Curriculum				revised course will be
□ Primarily as an Elective for Majors & Minors				offered:
□ Primarily as an Elective for Non-Majors				
☐ Can be taken by any Lincoln Student				Expected Frequency:
Pre-Requisites				Every Semester
				Once per year
				Once everySem.
Co-Requisites				Probable Initial Instructor(s):
Annro	vals	Date	Signatures	
Approvals Department		Date		
School			Chair:	
			Dean:	
Curriculum Committee			Chair:	
Faculty			Verified by Registrar:	