

COURSE SUBMISSION FORM

Revised 09/26/22 CR

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
FULL TITLE (≤ 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):
Course is intended (Check all that apply):				Other (specify): Grading System
□ Required for Majors: (list)				□ Standard
Required for Minors: (list) Required for Minors: (list)				□ Pass/Fail
□ Can fulfill a Major/Minor requirement: (list)				Other:
☐ Use in General Education program (separate approval by gen ed committee required)				First term to be offered:
□ Primarily as an Elective for Majors & Minors				
□ Primarily as an Elective for Non-Majors				Even acted Emagnesia
□ Can be taken by any Lincoln Student				Expected Frequency:
Pre-Requisites			□ Every Semester	
Tre-Requisites				☐ Once per year
				☐ Once everySem.
Co-Requisites				Probable Instructor(s):
Co requisites				
				
Approvals Date		Date	Signatures	
Department			Chair:	
OIERP			Director:	
Academic Affairs			Dean /Assoc. Dean of Faculty:	
Curriculum Committee			Chair:	
Faculty Council			Chair or Secretary:	
Faculty			Verified by Registrar:	