



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>MAT 110 and MAT 110L</u>		<input type="radio"/> New Course <input checked="" type="radio"/> Course Revision
FULL TITLE: (<= 35 Char.): <u>College Algebra</u>		Course Number: (xxx-000) Proposed: <u>MAT 110L</u> Existing: <u>MAT 110</u>
COURSE DESCRIPTION must be typewritten (For Catalog, 2-3 sentences): This course is an introduction to advanced algebraic techniques, functions and graphs which are essential in order to understand and use higher level mathematics in courses beginning with calculus. Topics include exponential, logarithmic, and trigonometric functions. NOTE: The course description is unchanged. Additional Lab hours are now included in this course to expose students to mathematical learning software and innovative technology		<input checked="" type="radio"/> Undergraduate <input type="radio"/> Graduate Credit Hours: 4 Class (Hr/Wk): <u>3</u> Lab (Hr/Wk): <u>2</u> Other (Hr/Wk): _____
Course is intended (Check all that apply): <input checked="" type="checkbox"/> Required for Majors: (list) <u>All STEM Majors, Business and Psychology</u> <input 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 type="checkbox"/> Can be taken by any Lincoln student		Grading System <input checked="" type="radio"/> Standard <input type="radio"/> Pass/Fail <input type="radio"/> Other _____
Pre-Requisites	<u>MAT 099 (Algebra and Applications) with a grade of "C" or higher</u> _____ _____	First term in which new revised course will be offered: <u>Fall 2017</u> Expected Frequency: <input checked="" type="radio"/> Every Semester <input type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
Co-Requisites	_____ _____ _____	Probable Initial Instructor(s): _____

Approvals	Date	Signatures
Department	<u>4-3-17</u>	Chair:
School	<u>4-10-17</u>	Dean:
Curriculum Committee		Chair: _____
Faculty		Verified by Registrar: _____

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

Print Form