



# COURSE SUBMISSION FORM

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

<b>COURSE TITLE:</b> Short (<= 20 Char.): <u>Gender Anthropology</u>		<input checked="" type="radio"/> <b>New Course</b> <input type="radio"/> <b>Course Revision</b>
<b>FULLTITLE</b> (<= 35 Char.): <u>Gender Anthropology at the Intersections of Power, Health, Social, and Criminal Justice</u>		
<b>COURSE DESCRIPTION</b> must be type written (For Catalog, 2-4 sentences): This course will explore gender issues in culture at the intersections of Power, Health, Social and Criminal Justice. It examines how male-oriented hegemony, embedded in patriarchal cultures, reproduces inequality in health, social and criminal justice between male and females.		<b>Course Number:</b> (xxx-000) Proposed: <u>SOC-414</u> Existing: _____
		<input checked="" type="radio"/> Undergraduate <input type="radio"/> Graduate
		<b>Credit Hours:</b> <u>3</u> <b>Class (Hr/Wk):</b> <u>3</u> <b>Lab (Hr/Wk):</b> _____ <b>Other (Hr/Wk):</b> _____
		<b>Grading System</b> <input type="checkbox"/> Standard <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Other: _____
		<b>First term in which new revised course will be offered:</b> <u>Fall 2017</u> <b>Expected Frequency:</b> <input checked="" type="radio"/> Every Semester <input type="radio"/> Once per year <input type="radio"/> Once every ____ Sem. <b>Probable Initial Instructor(s):</b> <u>EB</u>
Course is intended (Check all that apply): <input checked="" type="checkbox"/> Required for Majors: (list) <u>Anthropology</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		
Pre-Requisites	<u>SOC 201 General Anthropology</u> _____ _____	
Co-Requisites	_____ _____ _____	
<b>Approvals</b>	<b>Date</b>	<b>Signatures</b>
Department	<u>3/31/17</u>	Chair <u>Pete Joseph for Dr. Babatunde</u>
School	<u>3/31/17</u>	Dean <u>Pete Joseph</u>
Curriculum Committee		Chair _____
Faculty		Verified by Registrar _____

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