



# COURSE SUBMISSION FORM

Revised Edition 07/16/12 AR

Office of the Registrar  
P.O. Box 179  
Lincoln University, PA 19352  
Lincoln Hall, 1<sup>st</sup> Floor  
(484) 365-8087:Phone (484) 365-8116:Fax

<b>COURSE TITLE:</b> Short (<= 20 Char.): <u>Vocal Pedagogy II</u> <b>FULLTITLE</b> (<= 35 Char.): <u>Vocal Pedagogy II</u>	<input checked="" type="checkbox"/> <b>New Course</b> <input type="checkbox"/> <b>Course Revision</b>						
<b>COURSE DESCRIPTION</b> must be type written (For Catalog, 2-4 sentences):  This course is designed to teach <i>Part II</i> anatomy and physiology of the singing voice, give practical experience in teaching voice, and feedback on the vocal teaching experience.	<b>Course Number:</b> (xxx-000) Proposed: <u>MUS 410</u> Existing: _____						
	<input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate						
	<b>Credit Hours:</b> <u>1</u> Class (Hr/Wk): _____ Lab (Hr/Wk): _____ Other (Hr/Wk): _____						
Course is intended (Check all that apply): <input checked="" type="checkbox"/> Required for Majors: (list) <u>Voice Performance Music Majors</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	<b>Grading System</b> <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Other: _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Pre-Requisites</td> <td style="padding: 5px;">MUS 409</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </table>	Pre-Requisites	MUS 409					<b>First term in which new revised course will be offered:</b>  _____  Expected Frequency: <input checked="" type="checkbox"/> Every Semester <input type="checkbox"/> Once per year <input type="checkbox"/> Once every ___ Sem.
Pre-Requisites	MUS 409						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Co-Requisites</td> <td style="padding: 5px;">MUS 227</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </table>	Co-Requisites	MUS 227					Probable Initial Instructor(s): _____
Co-Requisites	MUS 227						

Approvals	Date	Signatures
Department	4/18/16	Chair:
School	4.19.16	Dean:
Curriculum Committee		Chair: _____
Faculty		Verified by Registrar: _____

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