



COURSE SUBMISSION FORM

Revised Edition 07/16/12 AR

Office of the Registrar
P.O. Box 179
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Lincoln Hall, 1st Floor
(484) 365-8087:Phone (484) 365-8116: Fax

COURSE TITLE: Short (<= 20 Char.): <u>SPN 303</u> FULL TITLE: (<= 35 Char.): <u>Intro to Iberian Studies</u>		<input type="radio"/> New Course <input checked="" type="radio"/> Course Revision
COURSE DESCRIPTION must be typewritten (For Catalog, 2-3 sentences): An in-depth exploration of the nation we now call Spain, this course investigates the Iberian Peninsula's multidimensional cultures and histories spanning from pre-Roman times into the present day. Students in this course improve their Spanish listening reading, writing and speaking skills in an analytical context as they investigate historical, sociocultural, spatial, artistic, literary, economic and political approaches to power, language, nation, gender, race and human rights in Spain and the Iberian Peninsula. <i>Prerequisite: SPN 302</i>		Course Number: (xxx-000) Proposed: _____ Existing: <u>SPN-303</u>
Course is intended (Check all that apply): <input checked="" type="checkbox"/> Required for Majors: (list) _____ <input checked="" 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 checked="" type="checkbox"/> Can be taken by any Lincoln student		<input checked="" type="radio"/> Undergraduate <input type="radio"/> Graduate
Pre-Requisites <u>SPN 302</u> Co-Requisites _____ _____		Credit Hours: Class (Hr/Wk): <u>3</u> Lab (Hr/Wk): _____ Other (Hr/Wk): _____
Approvals		Grading System <input checked="" type="radio"/> Standard <input type="radio"/> Pass/Fail <input type="radio"/> Other _____
Department	Date	First term in which new revised course will be offered: _____ Expected Frequency: <input type="radio"/> Every Semester <input checked="" type="radio"/> Once per year <input type="radio"/> Once every _____ Sem.
School		Probable Initial <small>Dr. Gardner or Dr. Martinez</small> Instructor(s): _____
Curriculum Committee		Signatures Chair: <u>W. Douthett</u> Dean: <u>Patricia Joseph</u> 10/12/2020 Chair: _____
Faculty		Verified by Registrar: _____

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

Print Form