



COURSE SUBMISSION FORM

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

COURSE TITLE: Short (<= 20 Char.): Personal Training Prep
FULLTITLE (<= 35 Char.): Personal Training Certification Prep

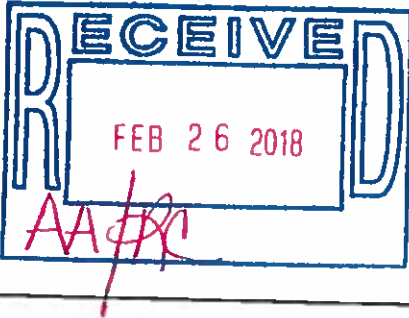
New Course
 Course Revision

COURSE DESCRIPTION must be type written (For Catalog, 2-4 sentences):
 This course is designed to prepare students to take the American College of Sports Medicine Personal Training Certification. At the completion of this course students will be able to demonstrate safe and effective methods of exercise by utilizing the fundamentals of exercise prescription to improve, maintain, and/or optimize the components of physical fitness.

Course Number: (xxx-000)
 Proposed: 407
 Existing: _____

Undergraduate
 Graduate

Credit Hours: 3
Class (Hr/Wk): 3
Lab (Hr/Wk): _____
Other (Hr/Wk): _____



Course is intended (Check all that apply):

- Required for Majors: (list) _____
- Required for Minors: (list) _____
- Use in University Core Curriculum
- Primarily as an Elective for Majors & Minors
- Primarily as an Elective for Non-Majors
- Can be taken by any Lincoln Student

Grading System

- Standard**
- Pass/Fail**
- Other:** _____

First term in which new revised course will be offered:
Spring 2018

Pre-Requisites BIO 205, BIO 206, & HSC 406

Co-Requisites _____

Expected Frequency:

- Every Semester
- Once per year
- Once every two Sem.

Probable Initial Instructor(s): _____

Approvals		Date	Signatures	
Department	HSC	2/22/18	Chair:	
School			Dean:	
Curriculum Committee			Chair:	
Faculty			Verified by Registrar:	

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