## Office of the Registrar PO Box 179, Lincoln University, PA 19352 (610) 932-1087 (610) 932-1216 Fax Lincoln Hall, 2 Floor



## COURSE SUBMISSION FORM

3/1/00

COURSE TITLE: Short (<=20 Char); TNTED TO HSC		New Course: 🎾
Full Title (<= 35 Char); INTRODUCTION TO HEALTH SCHENCE		
		Course Number: (xxxxxxxx)
COURSE DESCRI	Proposed: HSC 230	
	- · · · · · · · · · · · · · · · · · · ·	Existing:
This is a give stude	Undergraduate: 🗷 Graduate: 🗆	
examine healthcare exploratio ethical	Credit Hours: 3  Class (Hr/Wk):  Lab (Hr/Wk):  Other (Hr/Wk):	
cultural diversity and medical math.		Grading System
		Standard:
		Pass / Fail:
		Other:
Course is Intended (Check all that apply)		First term in which new
Required for Majors: (list) ALL HSC MAJOES		or revised course will be offered:
Required for Minors: (list)		Sorung 2018
Use in University Core Curriculum		Expected Frequency
Primarily as an Elective for Majors & Minors		Every Semester
Primarily as an Elective for Non-Majors		Once per year
☐ Can be taken by any Lincoln Student		Once every Sem.
Pre-Requisites	101	Probable Initial Instructor(s):
1.20 000 1.000		YVOUNE
Co-Requisites	NONE	HILTON
		1 """
		<u> </u>
APPROVAL	LS Date Signatures	
Department	8 17 17 Chair	
School	8 25 17 Dean	
Curriculum Comm	nittee Chair	
Faculty Verified by Registrar		

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