



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.): <u>Stress Management</u>		<input checked="" type="radio"/> New Course <input type="radio"/> Course Revision
FULLTITLE (<= 35 Char.): <u>Stress Management</u>		
COURSE DESCRIPTION must be type written (For Catalog, 2-4 sentences): This course explores the causes of stress and its mental and physical impact on the body. Students will have the opportunity to practice and employ stress management techniques to be healthier and live more fulfilling and satisfying lives.		Course Number: (xxxx-000) Proposed: <u>HSC 220</u> Existing: _____
Course is intended (Check all that apply): <input type="checkbox"/> Required for Majors: (list) _____ <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 checked="" type="checkbox"/> Can be taken by any Lincoln Student		<input type="radio"/> Undergraduate <input type="radio"/> Graduate
		Credit Hours: <u>2</u> Class (Hr/Wk): <u>2</u> Lab (Hr/Wk): _____ Other (Hr/Wk): _____
		Grading System <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Other: _____
		First term in which new revised course will be offered: <u>Fall 2020</u>
Pre-Requisites	<u>HPR-101 Dimensions of Wellness</u>	Expected Frequency: <input type="radio"/> Every Semester <input checked="" type="radio"/> Once per year <input type="radio"/> Once every ___ Sem.
Co-Requisites		Probable Initial Instructor(s): _____
Approvals	Date	Signatures
Department	<u>8/26/19</u>	Chair
School	<u>9/3/19</u>	Dean
Curriculum Committee		Chair
Faculty		Verified by Registrar

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