

Syllabus Analysis

Course:

Instructor:

Phone:

Office Location:

Email:

Office Hours:

Assignment	Due Date	% of final grade	Grade/Pts Received
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

CLASSROOM POLICIES

Attendance:

(Max # of absences, required documentation for absences, part of grade?)

Late Assignments:

(Accepted? Revisions? Penalties?)

Exams:

(Make-ups allowed?)