



SYLLABUS



Subject: _____

Instructor:

Course Goals

Email: _____

1.

Room: _____

2.

3.

4.

5.

Grading Scale

Required Text

A __ - __ %

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B __ - __ %

C __ - __ %

D __ - __ %

F __ - __ %

Evaluation Methods

Course Policies

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SYLLABUS

Subject:

SEMESTER ___ / QUARTER ___

WEEK: _____		
Date	Unit / Class Activities / Resources	Homework

WEEK: _____		
Date	Unit / Class Activities / Resources	Homework



SYLLABUS



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SEMESTER ___ / QUARTER ___

WEEK: _____		
Date	Unit / Class Activities / Resources	Homework

WEEK: _____		
Date	Unit / Class Activities / Resources	Homework