

Syllabi Organizer Academic Year: _____

Course Name:		Location:		Day/Time:	
Instructor Name:		Email:		Student Hours:	
		Office Location:			
Exams	Exam Name/#:	Exam Name/#:	Exam Name/#:	Exam Name/#:	Exam Name/#:
	Exam Date:	Exam Date:	Exam Date:	Exam Date:	Exam Date:
	% of Final Grade:	% of Final Grade:	% of Final Grade:	% of Final Grade:	% of Final Grade:
Projects & Papers	Name:	Name:	Name:	Name:	Name:
	Due Date:	Due Date:	Due Date:	Due Date:	Due Date:
	% of Final Grade:	% of Final Grade:	% of Final Grade:	% of Final Grade:	% of Final Grade:
Assignments	<i>See Assignment Sheet</i>				
Attendance Policy					
Late & Make-up Work Policy					



