

Syllabus Review

NAME: _____

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			

Course:		Professor:			
	Number	% of Final Grade	Due Dates:		
Tests					
Quizzes					
Papers					
Presentations					
Assignments/Other Graded Work					
Participation					
TOTAL GRADED ACTIVITIES:		100%			