

Syllabus Mapping

YOUR NAME: _____ DATE: _____

CLASS: _____ CLASS LOCATION: _____

PROFESSOR'S NAME: _____ OFFICE LOCATION: _____

PHONE #: _____ OFFICE HOURS: _____

Based on the syllabus for this class, which of the following areas are most important in determining your final grade (check all that apply and list the percentage if given):

- | | | |
|--|---|---|
| <input type="checkbox"/> Exams ___% | <input type="checkbox"/> Quizzes ___% | <input type="checkbox"/> Final Exam ___% |
| <input type="checkbox"/> Papers ___% | <input type="checkbox"/> Homework ___% | <input type="checkbox"/> Class Participation ___% |
| <input type="checkbox"/> Lab Work ___% | <input type="checkbox"/> Presentations ___% | <input type="checkbox"/> Field Activities ___% |
| <input type="checkbox"/> Other (list) _____% | | |
| <input type="checkbox"/> Other (list) _____% | | |

What is the Professor's attendance policy? _____

What is the Professor's test make-up policy? _____

Final Exam Date & Time: _____

Plan regular times during which you will study for this class. Also, it is a good idea to know the names and phone numbers of one or two people in the class for study partners and/or someone to call when you have a question.

Study Times: _____

Classmate: _____

Classmate: _____

