College
Approved Date

COLLEGE
DEPARTMENT

Course Number / Course title

Semester

Instructor Information

Name
Academic title
Office:
Phone:
E-mail:
Office Hours:

Course Information

Catalog Description:

Credits:

Contact Hours:

Prerequisites:

Textbook(s):

References:

Course Objectives:

Course Learning Outcomes (CLO):

Topics Covered:

Topics	Chapter	Section	CO	Weeks
Total				

Method of Instruction

Assessment Methods and Grading Policy

Homework:
Quizzes:
Projects:
Midterm Exam:
Final Exam:
Notebook/Active Participation:

Computer/Software Usage

Laboratory Projects

Course Ground Rules

Faculty Name:
Last Modified:
Date:

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