

# 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:** \_\_\_\_\_

