**SYLLABUS EVALUATION CHECKLIST**

**Course (Number and Name):**

**Instructor’s Name:**

For the following items, place an “X” in the appropriate box. Add comments if desired.

|  |  |  |  |
| --- | --- | --- | --- |
| **Syllabus Element** | **Present** | **Absent** | **Comments** |
| Course Name |  |  |  |
| Course Number |  |  |  |
| Instructor’s Name |  |  |  |
| Instructor’s Office Location |  |  |  |
| Instructor’s Phone |  |  |  |
| Instructor’s Email |  |  |  |
| Instructor’s Office Hours |  |  |  |
| List of Required Texts or Other Course Materials |  |  |  |
| Attendance Policy |  |  |  |
| Grading Policy |  |  |  |
| Grading Policy |  |  |  |
| Due dates for Major Projects and Exams |  |  |  |
| Course Description from the Most Recent Catalog |  |  |  |
| Course Student Learning Outcomes |  |  |  |
| Schedule of Class Sessions and Assignments |  |  |  |
| Grid Showing the Following Relationships: How each Course Student Learning Outcome will be Practiced, and Assessed, in the Course |  |  |  |
| Link to Official University Policies (Located on Academic Affairs’ Website) |  |  |  |
| Semester Course Meets, e.g. Spring 2013  |  |  |  |
| Time Course Meets, e.g. M/W/F 1:00 – 1:50  |  |  |  |
| Course Location |  |  |  |

**Evaluator: Date:**