



SYLLABUS MAPPING

Syllabus mapping: use the following prompts to better understand the syllabus/syllabi in your class.

Name: _____ Course: _____

Course Meeting Days and Time: M T W R F S _____ Course Location: _____

Professor's Name and Office Location: _____

Professor's Email and office hours: _____ @neiu.edu _____

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"/> Attendance _____ % |
| <input type="checkbox"/> Labs _____ % | <input type="checkbox"/> Presentation _____ % | <input type="checkbox"/> Field activity _____ % |
| <input type="checkbox"/> Other _____ % | <input type="checkbox"/> Other _____ % | <input type="checkbox"/> Other _____ % |

What is the Professor's attendance policy? _____

What is the Professor's make-up or late work policy? _____

Final Exam Date & Time: _____

Final Project/Presentation Date & Time: _____

Plan regular study times 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 contact when you have questions.

Study Times: _____

Classmate: _____ Classmate: _____

(See reverse side for Assignment Tracker)

SYLLABUS MAPPING

Assignment	Submission Format/Method	Due Date	Date Completed	
<i>Example: Lab 1</i>	<i>PDF on D2L</i>	9/10	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	