
CONTINUING EDUCATION COURSE SYLLABUS

COURSE TITLE: _____

Instructor Name: _____

Contact Information: _____

COURSE INFORMATION:

Course Meeting Dates, Days, and Times: _____

Total # hours: _____

Course Description: _____

Course Goals and Objectives: _____

Course Outline by week of Instruction: _____

Instructional Methods: _____

Course Requirements: _____

Evaluation Methods (testing/grading/assessment): _____

Course Materials: _____

Attendance and Participation Policies: _____

Students to Provide: _____
