**University of Rhode Island  
College or School/Department Course Number, Course Title, Section, Semester and Year**

|  |
| --- |
| **Instructor:** |
| **Office Location:** |
| **Telephone:** |
| **Email:** |
| **Office Hours:** |
| **Class Days/Time:** |
| **Classroom:** |
| **Prerequisites:** |
| **General Education Student Learning Outcomes:** |

**Course Description**

**Course Goals**

**Student Learning Outcomes**

**Upon successful completion of this course, each student will be able to:**

**Required Texts/Readings**

**Textbook**

**Other Readings**

**Other equipment / material requirements (optional)**

**Assignments and Grading Policy**

A 94-100

A- 90-93

B+ 87-89

B 83-86

B- 80-82

C+ 77-79

C 73-76

C- 70-72

D+ 67-69

D 60-66

F <60)

**INSTRUCTOR POLICIES**

**Classroom Protocol**

**Course Number / Title, Semester, Course Schedule**

**Table** 1 **Course Schedule**

| **Week** | **Date** | **Topics, Readings, Assignments, Due Dates, Deadlines** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| Final  Exam |  | Location and Time |