

KENTUCKY STATE UNIVERSITY
FACULTY SENATE
ACTION TRACKING DOCUMENT

RECEIVED
JAN 15 2015
Kentucky State University
Office of the President

EFFECTIVE DATE: SPRING 2015

Code: APC 14/1-06 Syllabus Template

- Origin: Academic Policies Committee
 Budget and Academic Support Committee
 Curriculum Committee
 Executive Committee
 Professional Concerns Committee
 Senate Resolution
 Other (specify) _____

Date Introduced: 11-17-2014

Date Last Revised: 11-19-2014

Description: Revised syllabus template for all KSU courses

Key Words: **Syllabus Template**

I. Committee Approval: Date: 11-19-2014

Chairperson: Max Brown Date 11-19-14

II. Senate Action: Approved Disapproved Returned

Senate President: [Signature] Date 11/24/14

III. Provost/Vice President Academic Affairs: Approved Disapproved Returned

Provost/VPAA Signature: [Signature] Date: 01/12/15

IV. President: Approved Disapproved Returned

President: [Signature] Date: 1-19-15

Distribution:

- President
- Vice President for Academic Affairs
- Registrar
- Faculty Senate President for Distribution to:
- Committee Chair
- Senate Office Records
- Faculty Handbook
- Other: _____

with the addition of course syllabi on pgs 2

Kentucky State University
College of XXX
School of XXX
Course: XXX
Course Title: XXX (X credit hours)

PROFESSOR:
OFFICE:
OFFICE PHONE:
FAX:
E-MAIL:

SEMESTER:
CLASS TIME:
CLASSROOM:
OFFICE HOURS

MISSION STATEMENTS:

The Objectives and Learning Outcomes of this course directly support the Mission of the University <http://ksu.edu/about-ksu/mission-vision-core-values/>, College (INSERT A HYPERLINK TO YOUR COLLEGE MISSION STATEMENT HERE), and Division (INSERT A HYPERLINK TO YOUR DIVISION MISSION STATEMENT HERE)

NOTICE TO STUDENTS WITH DISABILITIES:

Any student who requires an accommodation due to a documented disability may contact the Disability Resource Center (DRC) at (502) 597-5076, or visit Hill Student Center, Suite 220C, to arrange for reasonable accommodations. The student is required to obtain verification from the DRC and deliver the signed DRC document to the instructor specifying the accommodations. The student is encouraged to complete this process at the beginning of the semester since an approval for accommodations is not retroactive. The accommodations become effective upon receipt of the DRC approval by the faculty member from the student. Additional information concerning the DRC and accommodations can be found at <http://ksu.edu/academics/academic-support/disability-resource-center/>

COURSE PRE-REQUISITES, CO-REQUISITES, AND/OR OTHER RESTRICTIONS

COURSE DESCRIPTION (taken from Bulletin)

COURSE RATIONALE (Professor's description of course)

COURSE OBJECTIVES: (Professor's specific objectives for the course)

STUDENT LEARNING OUTCOMES: (As determined by division/unit)

REQUIRED TEXTS:

Textbook:

Supplemental Items:

BLACKBOARD/COURSE SIGNALS:

COURSE SPECIFIC REQUIREMENTS, EXPECTATIONS, POLICIES:

(Suggested categories are :

Attendance

Required Study

Make Up Exams

Class Expectations

Cheating

Homework Assignments

Department Policies)

EVALUATION PROCEDURES:

GRADES: (Explanation for how grade is determined)

COURSE CALENDAR/SCHEDULE:

DISCLAIMER: This syllabus is subject to change. Any changes in the course schedule, guidelines, and requirements will be announced in class and on the Blackboard course site.

Student Acknowledgment of Receipt of Course Information

My signature below indicates that I have received a course syllabus for the following course, **XXX-XXX** and I have been notified that the “Common Policies for all Courses at KSU” can be found throughout the University Bulletin <http://www.kysu.edu/administration-governance/welcome-to-the-division-of-student-success-and-enrollment-management/ssem-leadership-team/the-office-of-enrollment-services/registrar/2014-2015-bulletin/>

I agree to read these documents, and I agree to sign and deliver this copy of the “Student Acknowledgment” form within two (2) weeks of the start of the semester. I understand that the policies contained within these documents apply directly to me and to all students in the class. I agree to abide by these policies, and recognize that not abiding by these policies could result in dismissal from this class and/or affect my standing as a student at KSU as per Section 2.C. of the Student Handbook and the University Bulletin.

Name (please print): _____

CWID: _____

Signature: _____

Date: _____

Contact information (please PRINT clearly):

Local Address: _____

Local Phone: _____

E-Mail: _____
