**Educational Policies and Curriculum Committee
| Syllabus Checklist for New & Modified Course Submissions |**
*All new & revised course submissions are required to submit the syllabus checklist*

*Objective is to assist faculty to ensure syllabus contains the required and necessary elements
to provide students with clear expectations of the course.*NOTE:\* indicates a required element of the syllabus. If N/A is checked or this element is not included,
complete the information detailed on page two for all instances that apply.

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| **Syllabus Area** | **Recommended Detail\* Required**  | **Included in Your Syllabus?** |
| ***Heading*** | Course Number\*  | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Course Title\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Course Meeting Time/Day of Week\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Classroom Location\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Faculty Information*** | Office Location\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Office Hours\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Phone Number\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Email Address\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Teaching Philosophy  | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Teaching Assistant Contact  | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Student Expectations in Classroom*** | Behavior/ Ground Rules (cell phones off, laptops off, etc.) | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Recording of Lectures | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Course Summary*** | Course Description\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Learning Objectives\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Materials*** | Required Textbooks/Articles/Readings | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Required Software | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Required Equipment (including use of Canvas) | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Recommended Material | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Availability of Software for Purchase and/or Use | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Evaluation*** | Grading Scale\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Grading Criteria/Rubric  | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Late Assignment Policy | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Accommodation of Students with Disabilities*** | University Statement\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Academic Integrity Policy*** | Pitt Public Health Statement\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Diversity/ Inclusion Statement*** | Pitt Public Health Statement\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Title IX Statement*** | University Statement\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Schedule*** | Topics by Session\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Reading and Written Assignments by Session\* | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Learning Objectives by Session | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Test Dates | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
| ***Additional Resources*** | Health Sciences Library Liaison Contact Information | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
|  | Writing Center Contact *(if course is writing intensive)*  | Yes \_\_\_  | No \_\_\_  | N/A \_\_\_  |
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| ***Required Information Not Included* List the Required Detail Not Included Reason for Not Including** |
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