



Acknowledgement of Receipt of Syllabus

School of Technology

Course:

Term Dates:

Instructor:

My signature below indicates that I have read the attached syllabus and that I understand all information it contains. My instructor has provided an opportunity to ask questions regarding this information and I have been given a copy to keep for my records.

I will work cooperatively with the instructor to ensure my success in this class.

I understand the policies outlined in the syllabus including those related to attendance and academic dishonesty and also understand the consequences of violating these or any other course policies.

Student Name (Please print): _____ Date _____

Student Signature _____

Please sign and return this sheet only to the instructor.