

Name: _____ **Student ID:** _____

Email: _____ **Phone:** _____

Faculty Name: _____ **Course Code:** _____

Faculty Email: _____ **Course Name:** _____

Lecture Schedule					
Meeting No.	Date	Time	Topic	Assignment / Test / Report	Hours Spent
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Student Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

Academic Dean's Signature: _____ **Date:** _____