**MASTER SYLLABUS**

**{Insert Course Prefix, Number, and Title}**

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| --- | --- |
| **COURSE TITLE:** | |
| **COURSE NUMBER:** | **NUMBER OF CREDIT HOURS:** |
| **PREREQUISITES:** | **COREQUISITES:** |
| **REQUIRED TEXT:** | |
| **OTHER REQUIRED MATERIALS:** | |
| **ADDITIONAL RECOMMENDED MATERIALS OR RESOURCES:** | |
| **COURSE DESCRIPTION**: | |
| **Program Outcomes OR General Education Competencies:**   |  |  |  | | --- | --- | --- | | **Course Level SLO #** | **Program Outcomes or Gen Ed Competencies** | **Required Common Summative Assessments** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| **SUGGESTED METHODS OF ASSESSMENT:** | |