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**Physics**

**Science**

**[Course Name]**

**[Course and Section Number], [Semester e.g Fall 2018]**

## Instructor: [Name]

## Contact Information:

*[Office number]*

*[Email address]*

*[Phone ]*

*[Preferred contact method]*

## Office Hours:

## *[Cont’ed teachers are not required to have office hours]*

## Detailed Evaluation Scheme:

Scheme 1 Scheme 2

Exam [ ]% [ ]%

Labs [ ]% [ ]%

Class Tests [ ]% [ ]%

Reading Assignments [ ]% [ ]%

Quizzes/Homeworks [ ]% [ ]%

## Class Tests Schedule:

**Homework:**