

GCC Astronomy Syllabus Contract – Fall 2009
REQUIRED

Your Name: _____

Course: AST _____ ; **Section:** _____

Meeting Days/Time: _____

Instructor's Name _____

I have received a copy of the syllabus for this course, and my instructor has discussed its contents. I have read the syllabus and understand the course content, class procedures, and what is expected of me in order to successfully complete this course.

Student Signature

Student E-mail Address

ASTRONOMY I LAB (AST 113) SYLLABUS ACKNOWLEDGEMENT

FALL 2009
WSat

AST 113 SEC. 14488/14612
10:00-12:30am/11:00am-1:30pm

Edward Rosenthal
PS 170 (GCC Main)

I acknowledge that I have received a course syllabus for the course described above. I have read it and understand the attendance, withdrawal, grading and other policies. I recognize that to successfully complete this course, it may require 2 to 3 hours out of class for each hour spent in class.

Printed Name: _____

E-mail address or some way to contact you:

Signature: _____

Date: _____

Have you ever had a course in astronomy prior to this one?

If yes, when and where (list all courses including labs)?

How much Physics, Physical Science, Chemistry, and Math have you had?

What do you hope to get out of this course?

What (if any) part of astronomy do you think will be most interesting to you?