

Course # – Course Name

Term – Year

Department of XXX

The Cooper Union for the Advancement of Science and Art

**Instructor**: Prof. Cooper

**Contact**: Room ZZZ, peter.cooper@cooper.edu, (212) 353-4xxx

**Class Hours**:

**Office Hours**:

**Textbook(s)**:

**Number of Credits:**

**Pre-requisites:**

**Course Description and Overview:**

**Tentative Schedule / Topics to be covered:**

**Course Objectives:**

**Course Deliverables:**

**Assessment plan (graded events, schedule, weighting):**

**Appendix A: Core Values of the Albert Nerken School of Engineering**

