

The University of Western Ontario School of Health Studies

Instructor Email _____ Phone: Office Room Number: Office Hours:

Time: Location:

Prerequisite Checking

Course Information

Expectations

Required Text

** Please note that an electronic copy of the required text for this course is available for <u>free</u>, by following the link in the reference provided above **

Evaluation

Policy on Missed Exams

MUST BE PROVIDED

<u>NOT</u>

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Scholastic Offences

Tentative Lecture Schedule & Required Readings