

Student 

PLANNER

SEMESTER OVERVIEW

SEMESTER OF:

COURSES	GRADE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

ASSIGNMENTS DONE:

EXAMS PASSED:

OVERALL GRADE AVERAGE:

REFLECTION:

BASIC COURSE INFO

COURSE	PROFESSOR	WHERE	WHEN

COURSE ASSIGNMENTS

COURSE:

TASK	NOTES	DATE DUE	DONE?
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>

COURSE OVERVIEW

COURSE:

ABOUT THIS COURSE	PROFESSORS	
	NAME	
	CABINET	
	CONTACT	
	CREDIT POINTS:	

TESTS & EXAMS	DATE	TIME	DONE?	GRADE
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

WEEKLY TIMETABLE

DAY	TIME	COURSE/LECTURE	PLACE
MONDAY	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TUESDAY	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
WEDNESDAY	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
THURSDAY	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
FRIDAY	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

EXAM SESSION

EXAM	DATE	TIME	DONE?
1.			<input type="radio"/>
2.			<input type="radio"/>
3.			<input type="radio"/>
4.			<input type="radio"/>
5.			<input type="radio"/>
6.			<input type="radio"/>
7.			<input type="radio"/>
8.			<input type="radio"/>
9.			<input type="radio"/>
10.			<input type="radio"/>
11.			<input type="radio"/>
12.			<input type="radio"/>
13.			<input type="radio"/>
14.			<input type="radio"/>
15.			<input type="radio"/>

I can do this.

It's important to me, because:

BOOKS TO HAVE

COURSE	BOOK	PRICE	GOT IT?
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>

WEEKLY STUDY TIME

MONDAY

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

TUESDAY

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

WEDNESDAY

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

THURSDAY

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

FRIDAY

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

WEEKEND

TIME & PLACE: _____

SUBJECTS TO STUDY FOR:

- _____
- _____
- _____
- _____
- _____

TOTAL STUDY TIME THIS WEEK: _____

YEAR AT A GLANCE

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

STUDENT GOALS

MONTH	GOAL	ACHIEVED? + WHEN?
01		<input type="radio"/>
02		<input type="radio"/>
03		<input type="radio"/>
04		<input type="radio"/>
05		<input type="radio"/>
06		<input type="radio"/>
07		<input type="radio"/>
08		<input type="radio"/>
09		<input type="radio"/>
10		<input type="radio"/>
11		<input type="radio"/>
12		<input type="radio"/>





