

Include 35-40 hours/week of study time. Specify what course/material you will be studying for.
 Include classes/discussions, work, sleep, fun, family obligations, church hours, etc.
 Due to your counselor on or before your scheduled appointment.

Name: _____

Cell #: _____

7-DAY SCHEDULE

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HALF HOUR INCREMENTS	8:00 A.M.							
	8:30 A.M.							
	9:00 A.M.							
	9:30 A.M.							
	10:00 A.M.							
	10:30 A.M.							
	11:00 A.M.							
	11:30 A.M.							
	12:00 P.M.							
	12:30 P.M.							
	1:00 P.M.							
	1:30 P.M.							
	2:00 P.M.							
	2:30 P.M.							
	3:00 P.M.							
	3:30 P.M.							
	4:00 P.M.							
	4:30 P.M.							
5:00 P.M.								
5:30 P.M.								
HOUR INCREMENTS	6:00 P.M.							
	7:00 P.M.							
	8:00 P.M.							
	9:00 P.M.							
	10:00 P.M.							
	11:00 P.M.							
	12:00 A.M.							
	1:00 A.M.							
	2:00 A.M.							
	3:00 A.M.							
	4:00 A.M.							
	5:00 A.M.							
6:00 A.M.								
7:00 A.M.								

