



# Student Daily Planner

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Course Assignments may include info about your homework, tests, quizzes, papers, extra credit & other course specific tasks.

## course assignments

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

## TO-DO LIST

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## activities

- |      |                                |      |                                |                                |
|------|--------------------------------|------|--------------------------------|--------------------------------|
| 6am  | <input type="checkbox"/> _____ | 6pm  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 8am  | <input type="checkbox"/> _____ | 8pm  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 10am | <input type="checkbox"/> _____ | 10pm | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 12pm | <input type="checkbox"/> _____ | 12am | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 2pm  | <input type="checkbox"/> _____ | 2am  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 4pm  | <input type="checkbox"/> _____ | 4am  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|      | <input type="checkbox"/> _____ |      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |