
Day/Time

Location

Email

Office Hours

Email

*Office Hours*_____s

_____s

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Assignment Category

Grade %

Due date(s) / Other requirements

_____ %

NAME:

ASSIGNMENT PLANNER



| Done | Due Date | Assignment | Feedback / Follow-up | Weekly Study Hours |
|------|----------|------------|----------------------|--------------------|
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