

TERM PLANNER

Student: _____

Student ID _____

Class Schedule

Fall Spring Summer 20____

Course Title	CRN	Days	Time	Bldg./Room	Start/End Dates	Units
Total Units						

Weekly Class Planner

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7: am						
8: am						
9: am						
10: am						
11: am						
12: pm						
1: pm						
2: pm						
3: pm						
4: pm						
Evening						
5: pm						
6: pm						
7: pm						
8: pm						
9: pm						

Counselor: _____

Date: _____