

Legal Student Name (last, first): _____

Preferred Name (last, first): _____

Course: _____ Teacher Name: _____

Total Activity Duration for Learning Period: _____

Monday	Tuesday	Wednesday	Thursday	Friday
10/7	10/8	10/9	10/10	10/11
10/14	10/15	10/16	10/17	10/18
10/21	10/22	10/23	10/24	10/25
10/28	10/29	10/30	10/31	11/1
11/4	11/5	11/6	11/7	11/8
11/11 Holiday	11/12	11/13	11/14	11/15