

Legal Student Name (last, first): _____

Preferred Name (last, first): _____

Course: _____Teacher Name: _____

Total Activity Duration for Learning Period: _____

Monday	Tuesday	Wednesday	Thursday	Friday
1/20 Holiday	1/21	1/22	1/23	1/24
1/27	1/28	1/29	1/30	1/31
2/3	2/4	2/5	2/6	2/7
2/10	2/11	2/12	2/13	2/14
2/17 Holiday	2/18 Holiday	2/19	2/20	2/21
2/24	2/25	2/26	2/27	2/28