Semester Planning

Goal
To help you think strategically about your semester and plan ahead.

MATERIALS
- Copy of syllabus for each class
- Your day planner or organizer

TASKS
- Review each course syllabus for large projects, papers, exams, and potential challenges. Identify due dates for the above assignments.
- Review the entire semester for potential “crunch times.” Identify “crunch times” in your planner/calendar.

QUESTIONS TO CONSIDER
- Do you have any questions related to your syllabi that need clarification?
- What are some potential problem areas in your semester schedule?
- How do you normally handle “crunch times” in your schedule? Does your strategy work?
- What kinds of outside resources or offices might be necessary to help you succeed this semester?

Exams, Assignments, and Papers

Course: _______ Assignment:_______________________________________ Due: ______
Course: _______ Assignment:_______________________________________ Due: ______
Course: _______ Assignment:_______________________________________ Due: ______
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Course: _______ Assignment:_______________________________________ Due: ______
Course: _______ Assignment:_______________________________________ Due: ______
Potential “Crunch Times” During the Semester

Date(s): _______ Assignment(s): ____________________________________________

Date(s): _______ Assignment(s): ____________________________________________

Date(s): _______ Assignment(s): ____________________________________________

Date(s): _______ Assignment(s): ____________________________________________

Date(s): _______ Assignment(s): ____________________________________________

Date(s): _______ Assignment(s): ____________________________________________

Helpful Outside Resources

Name: _____________________ Contact: _______________ Appt. date: ______

Name: _____________________ Contact: _______________ Appt. date: ______

Name: _____________________ Contact: _______________ Appt. date: ______

Name: _____________________ Contact: _______________ Appt. date: ______

Name: _____________________ Contact: _______________ Appt. date: ______

Name: _____________________ Contact: _______________ Appt. date: ______