

# WEEKLY ASSIGNMENT

Done	Homework	Assigned Dates	Due Dates	Scheduled Appointments/ Exam Dates
<input type="checkbox"/>	_____	_____	_____	Sunday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Monday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Tuesday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Wednesday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Thursday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Friday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	Saturday
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	
<input type="checkbox"/>	_____	_____	_____	

**Do Not Forget!**