

# WEEKLY ASSIGNMENT

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

**Do Not Forget!**