CORPS ACADEMIC 40

Name _____ **Outfit** _____ **Week of** _____ **# of Hrs** _____

- Please note **40 HOURS** of scholastic related activity for the week. (Ex. Classes attended, study hours, meetings with professors/advisors, tutoring sessions, supplemental instruction)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
6:00 am								*6:00 am*
7:00 am								*7:00 am*
8:00 am								*8:00 am*
9:00 am								*9:00 am*
10:00 am								*10:00 am*
11:00 am								*11:00 am*
12:00 pm								*12:00 pm*
1:00 pm								*1:00 pm*
2:00 pm								*2:00 pm*
3:00 pm								*3:00 pm*
4:00 pm								*4:00 pm*
5:00 pm								*5:00 pm*
6:00 pm								*6:00 pm*
7:00 pm								*7:00 pm*
8:00 pm								*8:00 pm*
9:00 pm								*9:00 pm*
10:00 pm								*10:00 pm*
11:00 pm								*11:00 pm*
12:00 am								*12:00 am*
1:00 am								*1:00 am*
2:00 am								*2:00 am*