

Portland Community College - Yearly Planner

Name: _____ PCC Degree: _____ Date: _____

Transfer School: _____ Major: _____ Advisor: _____

Term _____	Term _____	Term _____	Term _____
Course	Course	Course	Course
Cr.	Cr.	Cr.	Cr.

Term _____	Term _____	Term _____	Term _____
Course	Course	Course	Course
Cr.	Cr.	Cr.	Cr.

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6 - 7							
7 - 8							
8 - 9							
9 - 10							
10 - 11							
11 - 12							
12 - 1							
1 - 2							
2 - 3							
3 - 4							
4 - 5							
5 - 6							
6 - 7							
7 - 8							
8 - 9							
9 - 10							
10 - 11							
11 - 12							