

Study Plan 2025

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Make this the ultimate guide for your daily learning goals.

Class & Study Schedule

Time	Mon	Tue	Wed	Thur	Fri
-					
-					
-					
-					
-					
-					
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Daily Overview

How are you feeling today? Add an icon.



Today's motivation in 5 icons or less:



Checklist

PRIORITIES	TASKS
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>

Progress Chart

TASK & DEADLINE	PREPARING	IN-PROGRESS	HALFWAY	WRAPPING UP	NOTES
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Due on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:

Exam or Report Preparation

Name of Subject:

Day of Preparation: Day of

Coverage:

Date of exam or report:

TITLE OF YOUR TOPIC	
SUBTOPICS	
WORDS TO REMEMBER	<ul style="list-style-type: none">••
MILESTONES	<ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/>
RESOURCES	<ol style="list-style-type: none">1.2.3.4.
ADDITIONAL NOTES	

Note to Self

You can use this part for tasks to carry over for the next day or a quick reflection on what you were able to accomplish for today.