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| --- | --- | --- |
| **Name:** | | |
| **Calculate your study time\*** | | |
| Number of hours in a week |  | 168 |
| Number of hours you sleep per night\_\_\_\_ X 7 |  |  |
| Number of hours you work per week |  |  |
| Number of hours per week in class |  |  |
| Number of hours commuting to school/work |  |  |
| Number of hours per week preparing/eating meals |  |  |
| Number of hours per week personal hygiene |  |  |
| Number of hours per week exercising/going out |  |  |
| Number of hours per week spent on chores/errands |  |  |
| Miscellaneous activities per week |  |  |
|  |  |  |
| **Total potential time left to study** |  |  |
|  |  |  |
| **How much time should I expect to spend studying per week?** |  |  |
| **Low range: total # of credit hours\_\_\_\_\_\_\_\_\_X2 hours** |  |  |
| **High range: total # of credit hours\_\_\_\_\_\_\_\_ X 4 hours** |  |  |