



# EXAM ORGANIZER

Plan Ahead. Stay Focused. Ace Your Exams.

Discipline  
today leads to  
freedom  
tomorrow.



## PERSONAL INFORMATION

Name: \_\_\_\_\_  
University: \_\_\_\_\_  
Program / Major: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Academic Advisor: \_\_\_\_\_



## EXAM GOALS

This exam period, I will:

- ☐ Understand key concepts deeply
- ☐ Manage my time effectively
- ☐ Practice past papers
- ☐ Stay consistent and focused
- ☐ Perform my best in every exam



Success is the sum of small efforts,  
repeated every day.



## TOP PRIORITIES

Focus on what matters most.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_



## EXAM SCHEDULE

| DATE        | DAY | TIME | COURSE CODE | COURSE / EXAM | VENUE | FORMAT<br>(Online / Offline) | WEIGHTAGE<br>(%) | NOTES |
|-------------|-----|------|-------------|---------------|-------|------------------------------|------------------|-------|
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |
| ___/___/___ |     |      |             |               |       |                              |                  |       |



## STUDY PLAN

| TIME             | ACTIVITY | M                        | T                        | W                        | T                        | F                        | S                        | S                        |
|------------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7:00 - 8:30 AM   |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8:30 - 10:00 AM  |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10:15 - 11:45 AM |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12:00 - 1:00 PM  |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1:00 - 2:00 PM   |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2:00 - 4:00 PM   |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4:15 - 6:15 PM   |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:00 - 9:00 PM   |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9:15 - 11:00 PM  |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tip: Plan your study. Study your plan.



## SUBJECT OVERVIEW

| SUBJECT   | SYLLABUS<br>COVERAGE (%) | PRACTICE<br>TESTS | REVISION<br>DONE (✓)     |
|-----------|--------------------------|-------------------|--------------------------|
| Subject 1 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Subject 2 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Subject 3 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Subject 4 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Subject 5 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Subject 6 | ___ %                    | ___/___           | <input type="checkbox"/> |
| Others    | ___ %                    | ___/___           | <input type="checkbox"/> |
| 0%        |                          | 50%               | 100%                     |



## RESOURCE LIST

- ☐ Lecture Notes
- ☐ Textbooks
- ☐ Past Year Papers
- ☐ Online Courses
- ☐ Reference Articles
- ☐ Formula Sheets / Summaries
- ☐ Flashcards
- ☐ Other: \_\_\_\_\_



## TO-DO LIST

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## EXAM DAY CHECKLIST

- ☐ Admit Card / ID
- ☐ Pen / Pencil
- ☐ Calculator (if allowed)
- ☐ Water Bottle
- ☐ Watch
- ☐ Stationery
- ☐ Notes / Formulas (if allowed)
- ☐ Snacks / Energy Bar (if needed)
- ☐ Other: \_\_\_\_\_

Leave early. Stay calm. You've got this! ♥



## NOTES

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.....  
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## EXAM REFLECTION

What went well?

What can be improved?

What I will do differently next time?

Every exam is a step  
closer to your goals.

## REMEMBER



Plan ahead  
& stay organized



Stay focused  
on your goals



Avoid distractions  
& stay disciplined



Take breaks  
& recharge



Sleep well  
& stay healthy



Believe in yourself  
& keep going!

- ✓ Preparation today
- ✓ Confidence tomorrow
- ✓ Success always.