BEMIDJI STATE UNIVERSITY
Records & Registration
Deputy Hall, Room 101, #12
1500 Birchmont Dr.
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Registration Planning Form

Semester: ☐ Fall ☐ Spring ☐ Summer

Name: _____ **SSN or ID#:** _____

Current Address: _____ **Phone #:** _____

_____ **Date:** _____

COURSE ID	*DEPT*	*COURSE #*	*TITLE*	*CR*
			TOTAL CREDITS	

	Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 Noon					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					
9:00 PM					