



BEMIDJI
STATE UNIVERSITY

Registration Planning Form

Semester (circle one): **Fall** **Spring** **Summer**

Name _____ SSN _____

Current Address _____ Phone# _____

_____ Date _____

<i>COURSE ID</i>	<i>DEPT</i>	<i>COURSE #</i>	<i>TITLE</i>			<i>CR</i>
TOTAL CREDITS						
	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	
7:00 AM						
8:00 AM						
9:00 AM						
10:00 AM						
11:00 AM						
12:00 N						
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						

