



Registration Planning Form

Semester: Fall Spring Summer

Year: _____

Name: _____ BSU ID: _____

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 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					