

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: _____ **Student ID#:** _____
Current Address: _____ **Phone #:** _____
 _____ **Date:** _____

COURSE ID	DEPT	COURSE #	TITLE			CR
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 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						