

# On-Line or Guided/Self-Directed Study Course Work Only

## Registration for Approval for On-Campus Admitted Students

Requesting Permission to register for:

**Course Name, Number, Course ID#:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Indicate Term Desired:  
 \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

**Email:** \_\_\_\_\_

Will you be enrolled in on-campus (face-to-face) classes this term? \_\_\_\_\_ How many credits? \_\_\_\_\_

**Phone:** \_\_\_\_\_

Status: Full Time \_\_\_\_\_ Part time \_\_\_\_\_

**BSU ID#** \_\_\_\_\_

Number of Credits completed to date: \_\_\_\_\_

**STATUS:** (check one)

FR. \_\_\_\_\_ SO. \_\_\_\_\_ JR. \_\_\_\_\_ SR. \_\_\_\_\_ GRAD \_\_\_\_\_

**Please indicate why you are requesting to take this On-Line or Guided/Self Directed Study course instead of attending an on-campus course: Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Internship/Student Teaching/Study   | <input type="checkbox"/> Course is not offered on campus now |
| <input type="checkbox"/> Health problems   | <input type="checkbox"/> Employed _____ hours per week       |
| <input type="checkbox"/> Course Schedule Conflict  | <input type="checkbox"/> Work Schedule Conflict              |
| <input type="checkbox"/> Planning to graduate within one semester                                  | <input type="checkbox"/> Child care responsibilities         |
| <input type="checkbox"/> Athletic team or practice schedule  | <input type="checkbox"/> Personal/Family Crisis              |
| <input type="checkbox"/> I prefer the online or guided/self directed courses to on-campus courses. |  |
| <input type="checkbox"/> Distance from BSU Campus - How Far? (miles) _____                         |  |
| <input type="checkbox"/> Other _____   |  |

What is your major: \_\_\_\_\_ What is your minor: \_\_\_\_\_

If you are a Psychology major, **including this term**, how many **guided/self-directed or online** Psychology courses will you have taken: \_\_\_\_\_ Have you taken, or do you plan to take, Psychology class at the Arrowhead University Center in Hibbing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

### **SIGNATURES NOT REQUIRED FOR SUMMER COURSES!**

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\_\_\_\_\_ Advisor: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Instructor: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Department Chair: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ College Dean: \_\_\_\_\_ Date \_\_\_\_\_

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**UPON APPROPRIATE APPROVAL, CEL STAFF WILL REGISTER FOR YOU.**