Bemidji State University

CENTER FOR EXTENDED LEARNING

Course Request Form

Term		Year
___	Summer	___
___	Fall	___
___	Spring	___

Faculty Name **Tech ID#** **Phone #** **E-mail address**

Course: _____

Dept. Course No. Credits Title

Start Date _____ Day(s) _____ Time(s) _____

Other Dates _____ _____ _____

End Dates _____ _____ _____

Location _____

Facility Address Room No. Phone

Maximum Enrollment: _____

Method of Delivery:

- ☐ Online: Course delivered via D2L
- ☐ Guided/Self-Directed
- ☐ Extension
- ☐ ITV
  Site: _____
  (Please contact the ITV office directly and request sites/schedules.)

Rationale for offering course through Extended Learning:

- ☐ Course needed in online/off campus degree program
- ☐ Liberal education course
- ☐ Significant off campus student audience needing/requesting course
- ☐ Other _____

_____

_____

SIGNATURES

DOES THIS COURSE HAVE PROCTORED EXAMS?
_____ YES _____ NO

Course Payment (Please check one)
☐ **Load** ☐ **Overload** ☐ **Adjunct** ☐ **Misc ($65 per credit)**

_____ _____
Faculty **Date**

_____ _____
Department Chair **Date**

_____ _____
College Dean **Date**

_____ _____
Graduate Dean **Date**

The course will not be set up until this form, with all signatures, has been returned to Extended Learning, #4. Faculty can NOT teach courses through the CEL while on sabbatical.

_____ $_____ _____
Authorized Signature for Payment **Amount** **Account Number**