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: _____ Special Notes _____

Method of Delivery:

☐ ITV: Site _____
(Please contact the ITV office directly and request sites/schedules.)

☐ Online: Course delivered via D2L

☐ Guided/Self-Directed

☐ Extension

SIGNATURES

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

_____ _____
Faculty **Date**

_____ _____
Department Chair **Date**

_____ _____
Division Dean **Date**

_____ _____
Graduate Dean **Date**

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

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