

Records Office

Deputy Hall, Room 101, #12
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Arranged Course Request Form

Obtain the signature of the instructor and department chairperson in that order. If you are arranging a graduate level course, you will need to obtain a signature from the Graduate Office.

PART I

(to be completed by the student)

Name: _____ **SSN or BSU ID:** _____

Last First MI

Date: _____ **E-mail:** _____

(Mo./Day/Yr.)

I am a

- On-Campus Student
- Center for Extended Learning/Distance Learning

***PART II**

(to be completed by instructor)

Course Subject: _____ **Course Number:** _____ **Course Title:** _____

Year: _____ **Term:** _____ (F = Fall, S = Spring, 1 = Summer)

Instructor Name: _____ **Instructor ID:** _____

Credit Hours: _____

If this is for a **teacher associate (TA)** course, please list class you will be a TA for: _____

Dept. # Title

PART III

(to be signed by designated persons)

Once required signatures are obtained, this form can be submitted to the Records Office, Deputy Hall 101, #12.

Instructor: _____

Department Chair: _____ **Graduate Studies Office:** _____

(Required for Graduate Level Courses ONLY)

* Please note: The Records Office will register you for the course upon completion of the form. You are responsible for the financial obligations incurred from this registration. Please be aware of payment deadline to avoid your class(es) from being canceled.

FOR OFFICE USE ONLY

Course ID: _____

Date Processed: _____