



**Signatures:**

High School Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

High School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

BSU Faculty Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please complete and return this form, along with your resume and your official transcripts to:

Lynn Johnson, Extended Learning  
Bemidji State University  
1500 Birchmont Dr NE #4  
Bemidji, MN 56601  
ljohnson@bemidjistate.edu