

BEMIDJI STATE UNIVERSITY
Records & Registration Office
Deputy Hall, Room 101, #12
1500 Birchmont Dr.
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 chair in that order.

If you are arranging a graduate level course, you will need to obtain a signature from the Graduate Office.

Courses not in the current catalog need to include a syllabus with a course description and information on how student grades will be determined. For 3000/5000 or 4000/5000 level courses include additional graduate components.

Part I (to be completed by the student)

Name: _____ **Student ID:** _____
Last First MI

Date: _____ **E-mail:** _____
(Month/Day/Year)

I am a: On-Campus Student Center for Extended Learning/Distance Learning Student

*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: _____ **Proposed as:** No Load __ cr Regular Load __ cr Overload

If this is for a **teacher associate (TA)** course, please list class you will be a TA for: _____
Dept. / Crs. Number / 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: _____ **Honors Director:** _____
(Required for Honors Thesis ONLY)

Department Chair: _____ **Graduate Studies Office:** _____
(Required for Graduate Level Courses ONLY)

Dean/Supervisor: _____

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

For Office Use ONLY

Course ID: _____
Date Processed: _____