

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

TA 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.

If undergraduate, course will appear on student record as **4917**; if graduate, course will appear as **5917**.

*Part I (to be completed by the student)

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

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

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

Part II (to be completed by instructor) Please list the course the student will be a TA for

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

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

No. of TA Credits: _____

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

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 or emailed to course.scheduling@bemidjistate.edu.

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: _____