

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, department chair, college dean 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

*Please note: The Records Office will register you for the course upon completion of Part I, II, & III 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.

*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 Other _____

Part III (to be signed by designated persons)

Once required signatures are obtained, submit to Records Office, Deputy Hall 101, #12 or email to course.scheduling@bemidjistate.edu

Instructor: _____ Honors Director: _____
(Required for Honors Thesis ONLY)

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

College Dean: _____

Records Office Use

Section Number: _____
Instructional Type: _____
Instructional Unit Type: _____

Course ID: _____
Date Processed: _____