

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

*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) 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)

For Office Use ONLY

Section Number: _____
Instructional Type: _____

Course ID: _____
Date Processed: _____