

Bemidji State University
CENTER FOR EXTENDED LEARNING
Course Request Form

Term Year
 _____ Summer _____
 _____ Fall _____
 _____ Spring _____

Faculty Name	Tech ID#	Phone #	E-mail address
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Course: _____

Dept.	Course No.	Credits	Title
Start Date	_____	Day(s)	_____ Time(s) _____
Other Dates	_____		_____
End Dates	_____		_____

Location _____

Facility	Address	Room No.	Phone
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Maximum Enrollment: _____

Method of Delivery:

- Online: Course delivered via D2L
- Extension
- ITV
Site: _____

Rationale for offering course through Extended Learning:

- Course needed in online/off campus degree program
- Liberal education course
- Significant off campus student audience needing/requesting course
- Other _____

(Please contact the ITV office directly and request sites/schedules.)

SIGNATURES

DOES THIS COURSE HAVE PROCTORED EXAMS?

_____ YES _____ NO

Course Payment (Please check one)

- Load Overload Adjunct Misc (\$65 per credit)

Faculty

Date

Department Chair

Date

College Dean

Date

Graduate Dean

Date

The course will not be set up until this form, with all signatures, has been returned to Records & Registration, #12. Faculty can NOT teach courses through Extended Learning while on sabbatical.