Office of the Registrar | Scheduling Office
Section Update and Revision Form
Online | ITVP/Synchronous | Hybrid | Managed Online Programs

Form Initiated by: Lobo Lucy
Title: Scheduling Coordinator
Date Submitted: 6/12/2018

Department: ABC
Email: abc@unm.edu
Phone: 999-999-9999

Year: 2018
Fall
Spring
Summer

Schedule Type:
- Online ($100 online fee applies)
- Synchronous Online ($100 fee applies)/On-Campus Parent (ITVP)
- Managed Online (MOPS/RNAP)
- Hybrid

Add: Create New Section/CRN
Revise/Cancel/Reschedule: Signatures Required
Cancel: Signature Required after Schedule Build
Change Instructional Method to Online/Synchronous/Hybrid
Change Part of Term, Times, Titles, Fees, Approvals

STEP 1: Current/New Course Details: fill out completely
CRN #: (leave blank if new):
Subject: ABC
Course #: 101
Section: ________
Title (30 characters max):
Intro to the Alphabet

Capacity:
- Online Section Cap (Non-MOPS) 20
- Managed Online Section (MOPS) Cap
- Online Synchronous Cap __
- On-Campus Parent (ITVP) Cap
- Hybrid Section Cap

Part of Term:
- 1 = Full Term
- 1H = 1st Half
- 2H = 2nd Half
- Other (note other):
- Open Learning: Duration: Start date: ________ End Date: ________

Grading Mode:
- Standard letter Grade
- Credit/No Credit
- Other

Special Approval Code (if applicable):

STEP 2: Revise/Reschedule—details to be updated.
CRN #: ________ Subject: ________
Course #: ________ Section: ________ Capacity: ________
CR/HRS: ________ Title: ________

Special Approval Code:
Grading Mode:

Part of Term:

Meetings:
- Days: ________ Start Time: ________ End Time: ________
- Bldg/Room: ________

- Days: ________ Start Time: ________ End Time: ________
- Bldg/Room: ________

- Days: ________ Start Time: ________ End Time: ________
- Bldg/Room: ________

Special Requests/Notations:

Instructor(s) last, first, banner #:
Louie, Lobo 999999999

 Fees: Code: ________ Amount $ ________

Crosslist or Offered With:
CRN ________ CRN ________
CRN ________ CRN ________
CRN ________ CRN ________

Reason for Revision/Cancel/Reschedule:

Signatures Required by Some Colleges & For All Cancellations & Reschedules
Department Chair: ____________________________ Date: __________
College Dean: ____________________________ Date: __________
Online Scheduling Coordinator: ____________________________ Date: __________

Send Completed Forms to Extended Learning via Email: OnlineScheduling@unm.edu