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: □ 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: ______
CR/HRS: ______  Title (30 characters max): Intro to the Alphabet
Special Approval Code (if applicable): ____________
Grading Mode:
- □ Standard letter Grade  □ Credit/No Credit  □ Other ______
Part of Term:
- □ 1 = Full Term  □ 1H = 1st Half  □ 2H = 2nd Half
- □ Other (note other): ____________________________
- □ Open Learning: Duration: ____________________________
  Start date: ____________________________  End Date: ____________________________
Capacity:
- 20  Online Section Cap (Non-MOPS)
- Managed Online Section (MOPS) Cap
- Online Synchronous Cap  On-Campus Parent (ITVP) Cap
- Hybrid Section Cap
Meetings: The following scheduling types have meetings:
- Hybrid (50% Online/50% on-campus)
- Parent Main Campus/Online Synchronous (scheduled meetings)
- Online (optional): Online & f2f meetings must be scheduled in banner.
  F2F meetings are limited to 3 meetings per 16 week term.
- Days: 12/13/18 Start Time: 1200  End Time: 1250
  Bldg/Room: ____________________________
  (Schedule room with special events form)

Instructor(s) last, first, banner #: ____________________________
Fees: Code: _________  Amount $ ____________

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

Reason for Revision/Cancel/Reschedule:
Face to face meeting is for final exam.

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