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: __________

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: T  Start Time: 1200  End Time: 1430
Bldg/Room: Online

Days: _____________________ Start Time: __________ End Time: __________
Bldg/Room: _____________________

Days: _____________________ Start Time: __________ End Time: __________
Bldg/Room: _____________________

Special Requests/Notations: ______________________

Instructor(s) last, first, banner #: Louie, Lobo 9999999999

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

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