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: 3   **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: (MOP courses are only 8 weeks long)
☐ 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)
20 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: _____ 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 $ _____

STEP 2: Revise/Reschedule—details to be updated.

CRN #: _____   **Subject:** _____

Course #: _____ **Section:** _____ **Capacity:** _____

CR/HRS: _____ **Title:** _____

Special Approval Code: _____

Grading Mode: _____

Part of Term _____
Open Learning: _____

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 #: _____
_____

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: _____   rev 9.25.17

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