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:
_____ 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 _55555_   CRN _____
CRN _____   CRN _____
CRN _____   CRN _____

Reason for Revision/Cancel/Reschedule:
Adding MOP section to already scheduled
non-MOP section.
_____

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**