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
☐ Cancel: Signature Required after Schedule Build
☐ Revise/Cancel/Reschedule: Signatures Required
☐ 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): 44444
Subject: ABC  Course #: 101  Section: 001
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:
☐ 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
20  Online Synchronous Cap  On-Campus Parent (ITVP) Cap
20  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 #: ____________________________

Fees: Code: _______ Amount $ __________

Crosslist or Offered With:
CRN ___________ CRN ___________
CRN ___________ CRN ___________
CRN ___________ CRN ___________

Reason for Revision/Cancel/Reschedule:
Revision to change part of term from full term to 1H.
Also adding special approval code: Instructor Permission

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

rev 9.25.17