

**Office of the Registrar  
Scheduling Office  
APPROVED CROSSLIST Semester Add Form**

**FALL**     **SPRING**     **SUMMER**

**Add**                       **Cancel**  
 **Revise/Change**         **Cancel/Reschedule**

**Cancel & Cancel/Reschedule** – Changes to Title, Part of Term, Dates, Credit Hours, Days, Time, Fee/Fee Code, and adding or removing a Special Approval. Signature of Department Chair and Dean required.

email to: [onlinescheduling@unm.edu](mailto:onlinescheduling@unm.edu)

TERM: <u>201880</u>	Form Initiated by: <u>Lobo Lucy</u>	Title: <u>Scheduling Coordinator</u>
<u>999-999-9999</u>	<u>abc@unm.edu</u>	<u>Main Campus</u>
Phone Number	Email Address	Campus

**Home Department Information**

Part of Term: <u>1</u>	Open Learning <input type="checkbox"/>	Duration _____	Number of Days _____	Start: _____	End: _____
<u>44444</u>	<u>abc</u>	<u>101</u>	<u>001</u>	<u>Intro to the Alphabet</u>	
CRN #	Subject Code	Course #	Sec #	Course Title (30 characters only)	
<u>20</u>	<u>3</u>	_____	_____	_____	_____
Section Cap.	Credit Hrs.	Days	Military Time	Building	Room
<u>Louie, Lobo</u>	<u>999999999</u>	_____	_____	_____	_____
*Instructor (Last Name, First)	Banner ID	_____	_____	_____	_____
Instructor (Last Name, First)	Banner ID	_____	_____	_____	_____
Instructor (Last Name, First)	Banner ID	_____	_____	_____	_____
Section Comments: _____	_____	_____	_____	_____	_____

  

<b>Special Approval</b> (check only one if applicable)	
<input type="checkbox"/>	Academic Advisor
<input type="checkbox"/>	College Dean
<input type="checkbox"/>	Department
<input type="checkbox"/>	Faculty Advisor
<input type="checkbox"/>	Honors Advisor
<input type="checkbox"/>	Instructor
<input type="checkbox"/>	Program Director

  

Department Chair Signature _____	Date _____
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**Cross List Department Information**

New	def	101	5	_____	\$ _____	_____
CRN #	Subject Code	Course #	Section Cap.	Approval Code	Fee Code	Amount
_____	_____	_____	_____	_____	_____	_____
<b>Department Chair Signature</b>						
New	ghi	101	5	_____	\$ _____	_____
CRN #	Subject Code	Course #	Section Cap.	Approval Code	Fee Code	Amount
_____	_____	_____	_____	_____	_____	_____
<b>Department Chair Signature</b>						
CRN #	Subject Code	Course #	Section Cap.	Approval Code	Fee Code	Amount
_____	_____	_____	_____	_____	_____	_____
<b>Department Chair Signature</b>						
CRN #	Subject Code	Course #	Section Cap.	Approval Code	Fee Code	Amount
_____	_____	_____	_____	_____	_____	_____
<b>Department Chair Signature</b>						

**Home Department** is responsible for all course updates and revisions during the term specified above. All revisions are to be submitted on a **Course Update & Revision Form**.

**After obtaining APPROPRIATE SIGNATURES**  
submit form to:  
**UNM Online Scheduling**  
[onlinescheduling@unm.edu](mailto:onlinescheduling@unm.edu)

**For Scheduling Office Use Only**  
 \_\_\_\_\_ Approved Crosslist  
 \_\_\_\_\_ Assigned Crosslist Code  
 \_\_\_\_\_ Entered by Date \_\_\_\_\_