

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): 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)

____ 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 \$ _____

Signatures Required by Some Colleges & For All Cancellations & Reschedules

Department Chair: _____ Date: _____

College Dean: _____ Date: _____

Online Scheduling Coordinator: _____ Date: _____

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

CRN #: _____ Subject: _____

Course #: _____ Section: _____ Capacity: _____

CR/HRS: _____ Title: _____

Special Approval Code: IP

Grading Mode: _____

Part of Term 1H

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:

Revision to change part of term from full term to 1H.
Also adding special approval code: Instructor Permission