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:

■ 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: **T** Start Time: **1200** End Time: **1430**

Bldg/Room: **Online**

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**