

Office of the Registrar | Scheduling Office
Online / Hybrid / ITV Scheduling and Revision Form

To select a box, click on the box. Year: _____ **Fall** **Spring** **Summer**
Schedule Type: **ONLINE** (\$100 online course fee applies) **HYBRID** **ITV**

New: Create new section/CRN Cancel/Reschedule: Dean's signature required Change
 Instructional Method to Online/ITV/Hybrid Change part of term, times, title, fees, approvals.
 Revise: Change section capacity or instructor Cancel: Dean's signature required/note reason below.

Course Details

Subject Code: _____ Course Number: _____ Section: _____ CRN (if applicable): _____
 Course Title: _____
 Credit Hours: _____ CAP: _____ Dept Fee Code: _____ Amount: _____
 Instructor: _____ Banner ID: _____

ONLINE/HYBRID/ITV Sections: Note HYBRID meeting times and any applicable ONLINE face to face or synchronous meetings. ITV Sections provide preferred meeting times/room and two alternates. Sections will be scheduled based on available resources

Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
 Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
 Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
 Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____

Special Approval Code (if applicable): _____ Contact phone/email for approval: _____

Grading Mode: Standard Letter Grade Credit/No Credit Other: _____

Part of Term (please check):

1: Full Term 3Q: Three Quarter Term:
 1H: First Half of Term NF: Nursing Term
 2H: Second Half of Term Inter-session / OL: Open Learning

Inter-Session/Open Learning	
OL: Duration of Day:	_____
Start Date:	_____
End Date:	_____

Course Revision

Change Section Capacity (CAP) to: _____
 Change Instructor to : _____ Banner id: _____
 Add Secondary Instructor : _____ Banner id: _____

Course Canceling/Rescheduling

Change Part of Term: _____ Change Special Approval: _____ Change Course Fees: _____
 Change Meetings Days/Times:
 Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
 Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
 Change Topics Title: _____
 Other/Reason: _____

Approvals:

Department Scheduling Coordinator: _____
Print name Phone Email Date

Department Chair's Signature: _____
Required Date

College Dean's Signature: _____
Required for cancel /reschedule and by some colleges Date

Online Course Scheduling Coordinator: _____

ITV Center Offerings (ITV use only)

ITV Center	Section	CRN	Campus	Ex Serv	ITV Center	Section	CRN	Campus	Ex Serv
OFARM: Farmington	_____	_____	EF	ES	ORR: Rio Rancho	_____	_____	EW	
OGALLP: Gallup	_____	_____	EG	ES	OSANDI: Sandia	_____	_____	EA	
OKAFB: Kirkland	_____	_____	EKA	ES	OSF: Santa Fe	_____	_____	ESF	ES
OLOSA: Los Alamos	_____	_____	ELA	ES	OTAOS: Taos	_____	_____	ET	ES
OLOSLU: Los Lunas	_____	_____	EV		Other: _____				