

**Office of the Registrar
Scheduling Office
UNM West Scheduling Form**

FALL SPRING SUMMER

Add Cancel
 Revise/Change Cancel/Reschedule

Cancel & Cancel/Reschedule – Must have Department Chair and Dean's approval/signatures when changes are made to day, dates, title, credit hours or special fee/fee code.

Form Initiated by: _____ Title: _____ Date Submitted: _____
Phone Number: _____ Email _____ Campus Code : **EW**

Add section information

Part of Term: _____ Open Learning _____ of days or weeks Start Date: _____ End Date: _____
(enter number) (circle one)

CRN # Subject Code Course # Sec # Course Title (30 characters only)

Section Cap. Credit Hrs. Days Military Time Building Room

Meeting Type 1: _____ Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____
Meeting Type 2: _____ Days: _____ Start Time: _____ End Time: _____ Building: _____ Room: _____

*Instructor (Last Name, First) _____ Banner ID _____

Instructor (Last Name, First) _____ Banner ID _____

Course Fee Code _____ Amount \$ _____

Special Approval (check only one if applicable)

<input type="checkbox"/>	AA	Academic Advisor
<input type="checkbox"/>	DN	College Dean
<input type="checkbox"/>	DP	Department
<input type="checkbox"/>	FA	Faculty Advisor
<input type="checkbox"/>	HA	Honors Advisor
<input type="checkbox"/>	IN	Instructor
<input type="checkbox"/>	PD	Program Director

Contact Information

Contact Phone: _____

Contact URL: _____ Email: _____

Comments: _____

After obtaining **APPROPRIATE SIGNATURES** submit form to:
UNM West
Attention: Sheri Garcia
Phone 925-8679 Fax 925-8684

Approvals

Department Scheduling Coordinator _____ Date: _____

Department Chair _____ Date: _____

UNM West Course Scheduling _____ Date: _____

Scheduling use only

Building Site Code: _____ Campus Code: _____ Entered by: _____