Please fax this form to **New Media & Extended Learning** at 277-8590 – will be forwarded to Scheduling

Office of the Registrar
Scheduling Office
Online/Hybrid WebCT Scheduling Form

Print Form

_____**Year** ☐ **FALL** ☐ **SPRING** ☐ **SUMMER**

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

Cancel & Cancel/Reschedule Criteria: Changes to dates, days, time, title, credit hours, special fee/fee code and adding or removing a special approval requires signatures. In addition, you must provide explanation for cancellations and/or reschedules.

Form Initiated by _____ **Title** _____ **Date Submitted** _____

Phone Number _____ **email** _____ **Campus Code** **EA**

Course Information: ☐ **ONLINE** ☐ **HYBRID**
Delivery Fee $100 in addition to course fee – F780

CRN _____ Subject Code: _____ Course Number: _____ Section: _____ Capacity _____

Part of Term: ☐ Open Learning _____ duration in days start date: _____ end date: _____

Title:_____ Credit/No Credit Credit Hours : _____ Special Approval: PD Program Director
(30 characters only) (circle if applicable)

☐ ☐ ☐ ☐ ☐ ☐ ☐
M T W R F S Sun
(for Hybrids only)

Meeting Type 1 _____ Start Date _____ End Date _____

Start Time 1 _____ End Time _____ Building_____ Room_____

Instructor _____ Banner ID _____Course Fee $_____ Dept. Fee Code ___ _____

Contact Information

Contact Phone _____

Contact URL _____ email _____

Comment **Special Course requirements at http://online.unm.edu**

After obtaining **APPROPRIATE SIGNATURES** submit form to:
WebCT
New Media & Extended Learning
Attention: Anne Marie Nacke
Phone 277-8128 Fax 277-8590

Approvals

Department Scheduling Coordinator_____Date _____

Department Chair _____Date _____

College Dean _____Date _____

Online Course Scheduling _____Date:_____

Reason for Cancellation and/or Reschedule _____