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)

AA Academic Advisor
DN College Dean
DP Department
FA Faculty Advisor
HA Honors Advisor
IN Instructor
PD Program Director

Contact Information

Contact Phone: __________________________________________

Contact URL: __________________________ Email: __________________________

Comments: __________________________________________

Approvals

Department Scheduling Coordinator_________________________________________ Date: ______________

Department Chair ________________________________________________________ Date: ______________

UNM West Course Scheduling ______________________________________________ Date: ______________

Scheduling use only

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

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

C:/Documents and Settings/cosme/My Documents/FORMS/UNM WEST Form.DOC
Revised: 4/12/2006