

Office of the Registrar — Scheduling Office — FIG/LLC Block Scheduling Form

Semester _____ Year _____

FIG LLC

**Same Section Number assigned for all courses in this block*

Form Initiated by:	
Name _____	Department _____
Phone Number _____	Email Address _____

Dept.	Course #	*Sec #	Title (20 Characters Only)		
F N(s)	Cr Hrs	Days	Military Time	Building	Room
Instructor (First & Last Name)			Social Security #	Special Fee	

Block Scheduling Coordinator Signature

Date

Dept.	Course #	*Sec #	Title (20 Characters Only)		
F N(s)	Cr Hrs	Days	Military Time	Building	Room
TW?	Parent Sec. #	Total Cap	Parent Sec Cap	FIG/LLC Cap	
Instructor (First & Last Name)			Social Security #	Special Fee	

Department Scheduling Coordinator Signature

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Department Scheduling Coordinator Signature

Date

Please submit completed form to:
Scheduling Office
Schedule@unm.edu
Student Services Center, Room 263
Phone: 277-4336 Fax: 277-7585

For Scheduling Office Use Only
 _____ F1 AOA Function checked
 _____ Update Data Base By
 _____ Update Book By