Office of the Registrar  
Scheduling Office  
ITV Scheduling Form

Cancellations & Reschedules
Must have Department Chair and Dean’s approval/signatures when changes are made to start and end dates, days, time, title, credit hours, special fee/fee code or special approvals.

Reason for Cancellation and/or Reschedule:

Form Initiated by: ____________________________ Title: ____________________________ Date Submitted: ________________

Phone Number: ____________________________ Email: ____________________________ Campus code: ABQ

Current Course Information or New Course Information must be filled out completely.

Part of Term:
- 1 = Full
- 1H = 1st Half
- 2H = 2nd Half
- 3Q = 12 weeks

Open Learning _____ of days Start Date: ___________ End Date: ___________

CRN # Subject Code Course # Sec #

Course Title (30 characters only)

Days: ___________ Start Time: ___________ End Time: ___________ Building: ___________ Room: ___________

$ ___________ Section Cap. Credit Hrs. 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

*Instructor (Last Name, First) Banner ID

Instructor (Last Name, First) Banner ID

Instruction Method - ITV

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Approval Signatures Required

ITV Coordinator ____________________________ Date: ___________

Department ____________________________ Date: ___________

After obtaining APPROPRIATE SIGNATURES, submit form to:

ITV – Attention: Shane Urioste
Woodard Hall – MSC03 2190
Phone: 277-8821 Fax: 277-6908