Western New Mexico University – Course Scheduling Request Form

This form is the central point for submitting course scheduling requests. Select the appropriate request type, provide the required information, and include any necessary documentation or justification. Please submit one form for each scheduling request. If multiple changes are needed for the same course section, submit a separate form for each change to ensure accurate review and processing.

Department Information:

Name of Person Submitting Request:		**College Submitting the Change:**	Select Option
Department/School Submitting the Change:	Select Option	**Academic Term this Request Applies For:**	Select Term
What is this Request being submitted for:	Select Option		
Provide a Brief Description of this Request:			

Course Information:

Subject:		**Course #:**		**Course Title:**	
Section:		**Cross List:**		**Campus:**	
Schedule Type:		**Instructional Method:**		**Permission Required:**	
START Date:		**END Date:**		**SPECIAL Meeting Days:**	
START Time:		**END Time:**		**Preferred Class Room #:**	
Credit Hours:		**Enrollment Limit:**		**Building:**	
Class Days:					
Room Attributes:	Select Option				
Instructor[s] Name:		**Instructor[s]: W00#:**			
Cross – listed with another course?	Select Option	**Cross-Listed CRN:**			
Select Delivery Method:	Select Option				
For any delivery method using video, indicate if this location is:					

Academic Affairs Information:

Contract Type:	
% Percent taught through restricted funds: **A restricted course is one that meets one of the following criteria:** **[a] not offered for credit toward a degree** **[b] funded by non-I&G sources such as grant** **[c] closed to general public**	

Required Signatures:

Add or Change Course Approval **Director/Prg Mgr/Dept. Chair Signature:**		**Date:**	
Academic Affairs **Dean/AVPAA Signature:**		**Date:**	
President's Office Approval **WNMU President [Required only for Special Tuition Rates]**		**Date:**	
Registrar Signature: **Registrar/Asst. Registrar:**		**Date:**	