## ILT Activity Request Form — *Initial Request* UC Learning Center LMS

*Complete the first time a course is offered. Please allow* ***3 business days*** *for processing before activity will be available in the UC Learning Center.*

Email completed form to: [*UCRLearning@ucr.edu*](mailto:UCRLearning@ucr.edu?subject=Activity%20Request%20—%20)

|  |  |  |  |
| --- | --- | --- | --- |
| Requestor Name: | Name | **Owner:** | Owner |
|  |  |  | *The department or organization responsible for or offering this activity* |

| COMMON ACTIVITY PROPERTIES *(Required)* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GENERAL | Activity Title: *(60 characters max)* | Title | | | | | |
| Activity Description: | Description | | | | | |
| List Topics Covered: *(optional)* | Topics | | | | | |
| COMP | Activity Duration: | # Hour(s) # minutes | | | | | |
| CERT | **Does this activity need to be retaken regularly?  If no**, *skip.* **If yes***, how often will this activity need to be completed?* |  | Annually |  | Every 2 years |  | Other: Certification Cycle |
| ASSIGN | Should this activity be assigned to anyone in the UCLC? If no, *skip*. If yes*, provide the following:* | | | | | | |
| **Who** should be assigned *(e.g., Title Code 4722 – Blank Ast 3 in ORG 39)*: | Assignees | | | | | |
| **When** should it be completed after assignment *(e.g., within 30 days)*: | Grace Period | | | | | |
| PRE | Are there activities in the UCLC that are prerequisites for this activity?  If no, *skip*. If yes, *list the activities to be completed prior to registration.* | Prerequisites | | | | | |

## ACTIVITY IMAGE

Include an activity image (PNG or JPG) with this request to be used in the UCLC. Image ratio should be 16:9. Optimal image size is 221w x 124h pixels. Requests submitted without an image will have a generic image provided.

## ROSTER RECONCILIATION

**Completed sign-in sheets must be submitted** to [UCRLearning@ucr.edu](mailto:UCRLearning@ucr.edu) for each session or offering in order for learner attendance to be reflected in the UCLC. We recommend rosters be submitted as soon as possible after the activity has ended. If a roster is not received, **any outstanding registrations may be canceled**. For details on printing sign-in sheets see the [Instructor Guide.](https://ucrlearning.ucr.edu/instructor-guide)

# ACTIVITY Logistics

*List the information below for currently scheduled offerings. If additional space is needed, please feel free to use either Excel, Word, or an additional offerings form.*

| Are These Individual Offerings or Sessions? | | | |
| --- | --- | --- | --- |
|  | **Individual offerings**, learners must **attend** **one** to complete the course. |  | **Required sessions**, learners must **attend** **all** to complete the course. |

| Date | Start Time | End Time | Instructor(s) *Responsible for roster/sign-in sheet* | Max Capacity | Location |
| --- | --- | --- | --- | --- | --- |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |
| Date | 00:00AM | 00:00PM | Instructor(s) | Cap | Location |

| OFFERING/SESSION PROPERTIES *(Optional)* | | | | | |
| --- | --- | --- | --- | --- | --- |
| Is there a registration deadline? | Yes  No | If yes, when *(e.g., 7 days prior)*? Registration Deadline | | | |
| Is there a cancellation deadline? | Yes  No | If yes, when *(e.g., one day before)*? Cancellation Deadline | | | |
| Should registration be restricted? | Yes  No | If yes, provide payroll-based criteria *(e.g., ORG/Dept.)*: Registration Restriction | | | |
| Besides instructors, list anyone who needs access to the rosters | | | Add’l Roster Access | | |
| Is there a MINIMUM Capacity? If the registration falls below the minimum cap. instructors will receive a notice 3, 2, and 1 weeks prior to start date. *No action is taken in the LMS unless requested.* | | | | Yes  No | If yes, what is the minimum cap? Minimum Cap |

# ADDITIONAL INFORMATION

| Special Instructions: Use this space to communicate activity properties, logistics, or special requests not captured elsewhere on this form |
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| Additional Information or Special Instructions |

# Administrator Documentation

| Administrative Use Only (this information will be added by an LMS Administrator) | | |
| --- | --- | --- |
| List the activity code(s) | Activity Code | |
| Special notification requirements? | Yes  No | If yes, describe: Notification specs. |
| Is this an ILT with location at UV? | Yes  No (if yes, add UV Parking Note) | |
| Does this activity have a no show fee? | Yes  No (if yes, add no-show fee, user notes, and notifications) | |
| Is this an EOD activity? | Yes  No (if yes, add manager reinforcement notifications as needed) | |
| Is this a Wellness ILT activity? | Yes  No (if yes, enable auto-complete, hide from transcript, turn off completion notice) | |
| Additional notes:  Admin Notes | | |