

Request for Calendar Change Form

Tracking No:
(Senate Secretary's Office
use only)

Date:

To Secretary of Senate
From Name(Dean): Faculty
Ulf Runesson Natural Resources Management
Department the change relates to
HB Science in Forestry and HB Environmental Management
Contact Person
Nancy Luckai

Is the proposed calendar change Undergraduate

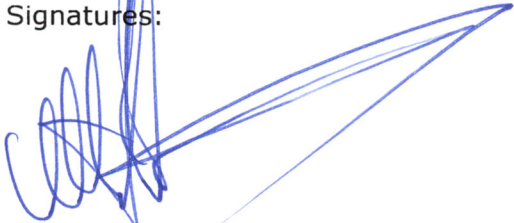
Instructions:

1. In all cases please complete and attach section 1 and 2
2. If the calendar change affect other departments/schools/faculties complete and attach section 3
3. If the answer to any of the questions below is yes, explain. Attach separate sheets with reference to the question

- | | | |
|--|---------------------------------|---|
| 1. Do the proposed changes affect other departments/ schools/faculties in terms of their calendar change? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Is a transition plan needed for student in progress? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 5. Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 6 Will the proposed changes affect existing teaching loads within your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 7. Will the proposed changes increase demand for teaching support services such as the library, computing services and technical staff ? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 9. Do the proposed changes include change in course(s) which is/are required core course(s) for a major? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 10. Do the proposed changes include a change in course which is | Yes | No |

- service/required course(s) in another program? Yes No
11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? Yes No
12. Do the proposed changes include change in course(s) which is/are elective in a major i.e. restricted to students in a major? Yes No

Signatures:



Date approved by faculty council
06/06/2012

Section 1
Description of the Proposed Calendar Change: Addition of a Lab session to NRMT2055
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 NRMT 2055 Forest Disturbances was originally designed as lecture only (3:0). We feel it is in the best interests of our students and program to offer a 2 hour lab session that delivers additional depth and breadth of material.

Section 2

Existing Calendar Entries: (Page reference based on hard copy or URL based on electronic version of calendar)	Proposed Calendar Entries/Addition/ Deletion -If only addition, specify page number and placement in university calendar -If only deletion, write Deleted
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<http://mycoursecalendar.lakeheadu.ca/pg153.html#24290>

Natural Resources Management 2055 Forest Disturbances
Credit Weight: 0.5

Description: An introduction to major agents of disturbance in forest: insects, fire and pathogens. Students are expected to understand the conditions that create a disturbance, as well as how disturbances fit into a cycle, how species are adapted to disturbance, and how disturbance relates to biodiversity.

Offering: 0-0; 3-0

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Offering: 0-0; 3-2

Section 3

The Faculty(ies) affected by the proposed calendar change

I have been consulted regarding the attached calendar change and understand the academic and budgetary implication on my Dept./School/Faculty.

I agree to this calendar change proposal

Yes

No

Name:

ULF RUNESSON

Faculty:

NRM

Date:

06/06/2012

Signature of Dean