

## Request for Calendar Change Form

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

To Secretary of Senate  
From Name(Dean):  Faculty   
Department the change relates to   
Contact Person

Is the proposed calendar change

**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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 2. Is a transition plan needed for student in progress?  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty?                                       | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University?           | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 6. Will the proposed changes affect existing teaching loads within your department/school/faculty?                                       | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit?  | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><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

09/01/2014

Section 1

Description of the Proposed Calendar Change:

Regulation: Number of Terms

Rationale of the Proposed Calendar Change(s):  
(Corresponding to Section 2 where required)

Many qualified potential applicants to the MHSc are employed full time and are unable to apply to the full-time program. The flexible full-time program has been enormously successful for MPH students who are employed full time.

**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

MHSc program duration is 6 terms full time.

MHSc program duration is 6 terms full time or up  
to 12 terms flexible full time.

Section 3

The Faculty(ies) affected by the proposed calendar change

Health & Behavioural Sciences

**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:

Dr. Lori A. Livingston

Faculty:

Health & Behavioural Sciences

Date:

29/01/2014

Signature of Dean

