

## Request for Calendar Change Form

Tracking No:  
(Senate Secretary's Office  
use only)  
Date:  
18/12/2013

To Secretary of Senate  
From Name(Dean): Dr. Lori A. Livingston Faculty Health and Behavioural Sciences  
Department the change relates to Kinesiology  
Contact Person Dr. Joey Farrell joey.farrell@lakeheadu.ca

Is the proposed calendar change Select...

**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  
11/11/2013

Section 1
Description of the Proposed Calendar Change: Kinesiology Courses Important Information
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
Updating information.

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
<p><a href="http://navigator.lakeheadu.ca/Catalog/ViewCatalog.aspx?pagelid=viewcatalog&amp;catalogid=19&amp;chapterid=2813&amp;topicgroupid=8207&amp;loaduseredits=False">http://navigator.lakeheadu.ca/Catalog/ViewCatalog.aspx?pagelid=viewcatalog&amp;catalogid=19&amp;chapterid=2813&amp;topicgroupid=8207&amp;loaduseredits=False</a></p> <p>Courses not offered this academic year (fall/winter terms) are indicated by the words "NOT OFFERED THIS YEAR" below the course description. Nevertheless, students should refer to the Timetable as a final check.</p> <p>Kinesiology students must receive permission of the Director in order to change the sequencing of required courses. Non-Kinesiology students must receive permission from the Director or Undergraduate Coordinator to take Kinesiology courses.</p>	<p>Not all courses are offered every year. Students should refer to the Timetable as a final check.</p> <p>Kinesiology students must receive permission of the Director in order to change the sequencing of required courses. Non-Kinesiology students must receive permission from the Director to take Kinesiology courses.</p>

Section 3	
The Faculty(ies) affected by the proposed calendar change	
Health and Behavioural Sciences	
<b>I have been consulted regarding the attached calendar change and understand the academic and budgetary implication on my Dept./School/Faculty.</b>	
I agree to this calendar change proposal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name: Dr. Lori A. Livingston	
Faculty: Health and Behavioural Sciences	
Date: 18/12/2013	Signature of Dean 