

Request for Calendar Change Form

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

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 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
11/11/2013

Section 1
Description of the Proposed Calendar Change: Remove Notes from KINE Courses
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<input type="text"/>
Housekeeping items

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>Should it be deemed that enough time has passed, please remove the notes from KINE 2035, 2079, 3070, 3230, 3610, and 4714.</p>	

Section 3

The Faculty(ies) affected by the proposed calendar change

Health and 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 and Behavioural Sciences

Date:

18/12/2013

Signature of Dean

