

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 & Behavioural Sciences
Department the change relates to Psychology
Contact Person Dr. Gordon Hayman gordon.hayman@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
<input checked="" type="checkbox"/> |

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
05/12/2013

Section 1
Description of the Proposed Calendar Change: Align calendar description in HBA Gerontology/Psychology with HBA Psychology
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<input type="text"/> Amendment to current wording. Meant to assist with broadening the scope of the degree.

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>http://navigator.lakeheadu.ca/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=19&chapterid=3002&topicgroupid=9538&loaduseredits=False</p>	
Honours BA (Gerontology and Psychology Majors) Fourth Year: From: (b) Three FCEs in Psychology at the third or fourth year level (see Department of Psychology - Academic Regulations, notes 2 and 3)	Honours BA (Gerontology and Psychology Majors) Fourth Year: To: (b) Three FCEs in Psychology preferably at the third or fourth year level (see Department of Psychology - Academic Regulations, notes 2 and 3)

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 <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 