

## Request for Calendar Change Form

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

To From	Secretary of Senate Name(Dean): <b>Dr. Lori A. Livingston</b> Department the change relates to <b>School of Social Work (SOWK)</b> Contact Person <b>Dr. Marg McKee (marg.mckee@lakeheadu.ca)</b>	Faculty <b>Health &amp; Behavioural Sciences</b>
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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<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:

Academic Regulation Change (Course requirements for HBSW)

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

To allow HBSW undergraduate students to complete additional courses outside the School of Social Work.

**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://navigator.lakeheadu.ca/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=19&chapterid=2871&loaduserredits=False>

To graduate with a four year HBSW degree, a student must successfully complete twenty full courses or the equivalent, which will have been planned in co-operation with a Faculty Advisor. Of the total of twenty courses required, the student must complete a minimum of twelve courses offered by the School of Social Work and a minimum of eight courses other than Social Work chosen in consultation with the Faculty Advisor.

To graduate with a four year HBSW degree, a student must successfully complete twenty full courses or the equivalent, which will have been planned in co-operation with a Faculty Advisor. Of the total of twenty courses required, the student must complete a minimum of eleven courses offered by the School of Social Work and a minimum of eight courses other than Social Work chosen in consultation with the Faculty Advisor. The remaining 1.0 FCE elective may be taken from either the School of Social Work or from another department.

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

