

## Request for Calendar Change Form

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

Date:

03/02/2012

To Secretary of Senate  
From Name(Dean): Faculty  
 Dr. John O'Meara Faculty of Education  
 Department the change relates to  
 Professional Development in Education  
 Contact Person  
 Dr. Don Kerr

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  
03/02/2012

Section 1

Description of the Proposed Calendar Change:

Religious Education, Specialist be created and calendared as EDUC 4769 (effective immediately)

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

This schedule D additional qualification course is being developed and will be submitted to the Ontario College of Teachers for initial accreditation. The course must be calendared in order for it to be offered.

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

[Redacted]  
[Redacted]  
[Redacted]

Education 4769: Religious Education, Specialist  
Credit Weight: 1.0

Prerequisites: Parts 1 and 2 (on Certificate of Qualification); two years of teaching experience with one of the years in the area of specialization; signature of supervisory officer.

Description: An advanced course examining professional leadership in faith education in a Catholic school environment, where students will use the knowledge and skills gained in Religious Education Parts I and II to develop leadership skills with a focus on professional growth, religious literacy and curriculum leadership of teachers.

Section 3

The Faculty(ies) affected by the proposed calendar change

Faculty of Education

**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. John O'Meara

Faculty:

Faculty of Education

Date:

03/02/2012

Signature of Dean



A handwritten signature in black ink, appearing to read 'John O'Meara', is written over a horizontal line. The signature is cursive and somewhat stylized.