

Request for Calendar Change Form

Date: November 7, 2012

Title for Reference: _____

Dean: Dr. Kim Fedderson _____
Faculty: Orillia Campus _____
Department: Interdisciplinary Studies _____
Contact Person: Dr. Sree kurissery _____

Is the proposed calendar change Undergraduate or Graduate?

Instructions:

1. In all cases please complete and attach section 1 and 2.
2. If the calendar change affects other department/schools/faculties complete and attached section 3
3. If the answer to any of the questions below is yes, explain. Attach separate sheets with reference to the question.

SECTION 1

Do the proposed changes affect other departments/schools//faculties in terms of their calendar change? YES **NO**

Is a transition plan needed for students in progress? YES **NO**

Are the proposed changes likely to affect student enrollment in your department/school/faculty? **YES** NO

Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? YES **NO**

Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? YES **NO**

Will the proposed changes affect existing teaching loads within your department/school/faculty? YES **NO**

Will the proposed changes increase demand for teaching support services such as library, computing services and technical staff? YES **NO**

Will the proposed change require direct or in-kind support from outside the academic unit? YES **NO**

Do the proposed changes include changes in a course(s) which is/are required core course(s) for a major? YES NO

Do the proposed changes include changes in a course(s) which is a service/required course(s) in another program? YES NO

Do the proposed changes include changes in a course(s) which is/are open elective available to any student in any program? YES NO

Do the proposed changes include changes in course(s) which is/are elective in a major i.e. restricted to students in a major? YES NO

SECTION 2

Description of proposed Calendar Change:

We are proposing to remove the portfolio requirement for Admissions to Media Studies.

Rationale of Proposed Calendar Change(s): (Corresponding to Section 1 and Section 3 where required)

The portfolios submitted this year were about what we had expected. A range of skill levels and interests were demonstrated. There were no students who submitted the portfolio who were not admitted based on their portfolio.

At this point we are interested in recruiting more students, not weeding out students. The portfolio may cause some prospective students not to apply to the Media Studies program because their perception is that making a portfolio is too daunting. We would like to eliminate this potential barrier in order to make the program as accessible as possible to as many students as possible.

SECTION 3 Enter the existing Calendar Entries and the Proposed Calendar/Addition/Deletion

Existing Calendar Entries (Page reference based on hard copy or URL based on electronic version of calendar)

In addition to the general admission requirements for Lakehead University, applicants to the Media Studies major **may** be requested to satisfy the following non-academic requirement:

- **Submission of a Portfolio:**

- The portfolio can comprise of self-produced work in any medium, such as creative writing, photography, video, film, music, soundscape, intermedia, visual art, sculpture, painting, web design, textile, graphic design and cyberarts. The portfolio must successfully pass a review by the Chair of Media Studies.

The portfolio, containing at least two media items, must be submitted on a CD to the Department Interdisciplinary Studies at the Orillia Campus by **March 29th, 2013**.

Proposed Calendar Entries/Addition/Deletion If only addition, specify page number and placement in university calendar. If only deletion, write deleted.

Remove the above section from the course calendar, for the time being, until the program grows large enough to warrant a portfolio submission as an additional criteria by which students may be selected for the program. This should be revisited in five years.

SECTION 4 Signatures

Date approved by Department: October 26, 2012

Date approved by Faculty Council: _____

The Faculty(ies) affected by the proposed calendar change

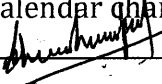
O'Fallon campus

I have been consulted regarding this calendar change and understand the academic and budgetary implication on my Department/Program/School/Faculty

Chair Approval:

Name: SREE KURISSERY

I agree to this calendar change proposal

Signature 

YES NO

Dean Approval:

Name: 

I agree to this calendar change proposal

Signature 

YES NO