

# Request for Calendar Change Form

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

<b>To</b>	Secretary of Senate	
<b>From</b>	Name(Dean):	Faculty
	David Barnett	Engineering
	Department the change relates to	
	Civil Engineering	
	Contact Person	
	David Barnett	

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 checked="" type="checkbox"/>	No <input 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

19/11/2012

**Section 1**

Description of the Proposed Calendar Change:  
change Surveying School to a one week period.

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

1

to reflect the actual time offered for the surveying school

**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

1

<http://mycoursecalendar.lakeheadu.ca/pg700.html>

Surveying Field School: A two week surveying field school will be held on campus immediately after spring examinations.

Surveying Field School: A one week surveying field school will be held on campus immediately after spring examinations.



**Section 3**

The Faculty(ies) affected by the proposed calendar change

**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:

Faculty:

Date:

Signature of Dean