

Request for Calendar Change Form

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

Date:
08/01/2013

To From	Secretary of Senate Name(Dean): Lori A. Livingston, PhD	Faculty Health & Behavioural Sciences
	Department the change relates to Kinesiology Graduate Program	
	Contact Person Dr. Joey Farrell, Director	

Is the proposed calendar change Graduate

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

service/required course(s) in another program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Signatures:	Date approved by faculty council 13/11/2012	

Section 1
Description of the Proposed Calendar Change: Graduate Program Changes - Areas of Study
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)

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

SCHOOL OF KINESIOLOGY

Professor and Dean of Faculty of Health and Behavioural Sciences
L.A. Livingston
Associate Professor and Director
J.M. Farrell

MSC (KINESIOLOGY)

Graduate Coordinator
J.E. Crossman
Core Master's

J.E. Crossman,

J.M. Farrell,

J. Gotwals,
D. Kivi,
L. Livingston,

M.N. McPherson,
W.J. Montelpare (Adjunct),

I.J. Newhouse,
E. Przystucha,

M.J. Taylor (Emerita),

G. Yang
Non-Core Membership

S. Forbes (Adjunct),

D. Walker (Adjunct),
C. Zerpa

MASTER OF SCIENCE DEGREE IN KINESIOLOGY

Lakehead University provides the opportunity for qualified students to study for an MSc degree in Kinesiology. The degree program employing a multi-disciplined approach

focuses on the study of human performance from a scientific perspective. The program of study centres around seven areas of content:

1. adapted physical activity
2. biomechanics
3. biostatistics
4. exercise physiology
5. motor control and learning
6. psychology of sport and physical activity
7. sociocultural

1. adapted physical activity
2. biomechanics
3. exercise physiology
4. motor control and learning
5. psychology of sport and physical activity
6. sociocultural
7. sports medicine and rehabilitation

Remove 3) biostatistics; renumber, and add new 7) sports medicine and rehabilitation)

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:

Lori A. Livingston, PhD

Faculty:

Health & Behavioural Sciences

Date:

08/01/2013



Signature of Dean