

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Ulf Runesson	NRM
	Department the change relates to	
	NRM	
	Contact Person	
	Nancy Luckai	

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 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? 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

15/12/2011

Section 1
Description of the Proposed Calendar Change: Change course titles from FORExxxx to NRMTxxxx
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 With the Faculty name change to Natural Resources Management and the establishment of the HB Environmental Management program, it is inconsistent to retain FORE (Forestry) in the course nomenclature. The Registrar is in agreement and has recommended the use of the code NRMT for Natural Resources Management.

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/pg240.html>

the course code FORE is found throughout
the calendar; one example (programs) is
shown above.

replace FORE with NRMT

Section 3

The Faculty(ies) affected by the proposed calendar change

Natural Resources Management

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:

Ulf Runesson

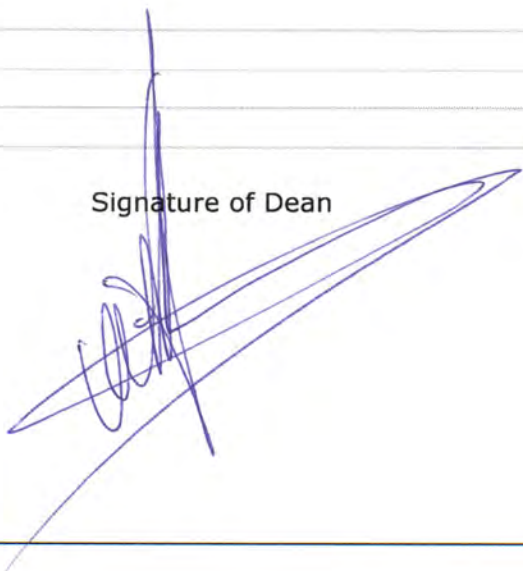
Faculty:

NRM

Date:

11/01/2012

Signature of Dean

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke, is written over the 'Signature of Dean' label.

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Ulf Runesson	NRM
	Department the change relates to	
	NRM	
	Contact Person	
	Nancy Luckai	

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? 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

15/12/2011

Section 1

Description of the Proposed Calendar Change:

Change course titles from FORExxxx to NRMTxxxx

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

1

With the Faculty name change to Natural Resources Management and the establishment of the HB Environmental Management program, it is inconsistent to retain FORE (Forestry) in the course nomenclature. The Registrar is in agreement and has recommended the use of the code NRMT for Natural Resources Management.

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/pg240.html>

the course code FORE is found throughout
the calendar; one example (programs) is
shown above.

replace FORE with NRMT

Section 3

The Faculty(ies) affected by the proposed calendar change

Natural Resources Management

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:

Ulf Runesson

Faculty:

NRM

Date:

11/01/2012

Signature of Dean

A handwritten signature in blue ink, appearing to be 'Ulf Runesson', is written over the 'Signature of Dean' label. The signature is stylized and extends across the label and slightly into the adjacent area.