

Request for Calendar Change Form

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

To	Secretary of Senate	
From	Name(Dean):	Faculty
	A.P. Dean	SES
	Department the change relates to	
	Department of Mathematical Sciences	
	Contact Person	
	Adam Van Tuyl	

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

Signatures: _____ Date approved by faculty council _____

Section 1
Description of the Proposed Calendar Change: Removal of Math Co-op Courses
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<p>1</p> <p>At the Jan. 29, 2010 meeting of Senate, the Department of Mathematical Sciences received approval to delete their Mathematics Co-op programs. At this time, the Mathematics Co-op courses should have also been removed from the calendar. We are submitting this calendar change to correct this oversight. These courses no longer belong to any program offered by the department.</p>

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/pg180.html>

Mathematics 1990 Co-op Work Term I
Credit Weight: 0.5

[DELETED]

Mathematics 2990 Co-op Work Term II
Credit Weight: 0.5

Mathematics 3990 Co-op Work Term III
Credit Weight: 0.5

Mathematics 3992 Co-op Work Term IV
Credit Weight: 0.5

Mathematics 4990 Co-op Work Term V
Credit Weight: 0.5

Mathematics 4992 Co-op Work Term VI
Credit Weight: 0.5

Section 3

The Faculty(ies) affected by the proposed calendar change

Department of Mathematical Sciences (Science and Environmental Studies)

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:

Adam Van Tuyl

Faculty:

Department of Mathematical Sciences

Date:

23/11/2011

Signature of Dean

I agree to this calendar change proposal

Yes

No

Name:

A.P. Dean, Dean SES

Faculty:

SES

Date:

Signature of Dean

