

## Request for Calendar Change Form

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

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. Henri Saliba, Dean	Engineering
	Department the change relates to	
	Mechanical Engineering	
	Contact Person	
	Dr. Sultan Siddiqui, Chair	

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 checked="" 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 20/12/2011	

<b>Section 1</b>
Description of the Proposed Calendar Change: Addition of elective
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 Addition of ENGI 0XXX

**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

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[http://mycoursecalendar.lakeheadu.ca/pg202.html  
#14344](http://mycoursecalendar.lakeheadu.ca/pg202.html#14344)

Engineering 0XXX      Combustion & Emissions  
Credit Weight: 0.5  
Description: Fuels and combustion, combustion in  
SI, CI and dual-fuel engine, hydrogen combustion,  
testing of IC engines, automotive emissions and  
control.  
Offering: 3-1; or 3-1

**Section 3**

The Faculty(ies) affected by the proposed calendar change

Engineering (Mechanical)

**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:

Dr. Henri Saliba

Faculty:

Engineering

Date:

20/12/2011

Signature of Dean

