

Request for Calendar Change Form

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

Date:
19/12/2011

To Secretary of Senate
From Name(Dean): Faculty
Kim Fedderson Orillia Campus
Department the change relates to
Interdisciplinary Studies
Contact Person
Sreekumari Kurissery

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
16/11/2011

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|--|
| Section 1 |
| Description of the Proposed Calendar Change: Defining the requirement for the Psychology specialization for the HBASc and BASc in Interdisciplinary Studies at the Orillia Campus |
| Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required) |
| 1 The proposed changes will give clear directions to students in regards to their course selection. |
| 2 The proposed changes will help with academic advising, which is currently done by Faculty at the Orillia campus. |
| The proposed changes will make it easier for the Registrar's office to make degree audits for the Interdisciplinary Studies program. |

| 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 |
| <p>http://mycoursecalendar.lakeheadu.ca/pg620.html</p> <p>No current entry</p> | <p>Psychology Specialization:</p> <p>First Year: (a) PSYC 1100</p> <p>Second Year: (a) PSYC 2101 (b) 1 FCE from PSYC at YR 2 level</p> <p>Third and Fourth Year: (a) 2 FCE from PSYC at YR 3 or 4 level</p> |

Section 3

The Faculty(ies) affected by the proposed calendar change

Orillia Campus (Interdisciplinary Studies Dept.)

Faculty of Social Sciences and Humanities (Dept. of Psychology)

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:

Kim Fedderson

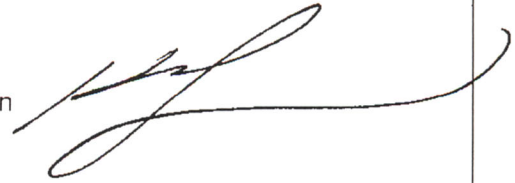
Faculty:

Orillia Campus

Date:

20/12/11

Signature of Dean



I agree to this calendar change proposal

Yes

No

Name:

Gordon Hayman/Lori Livingston

Faculty:

Dept. of Psychology/Faculty of Health and Behavioural Sciences

Date:

22/12/11

Signature of Dean



R. Klein (Acting)

