

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

Section 1
Description of the Proposed Calendar Change: Defining the requirement for the History 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

<http://mycoursecalendar.lakeheadu.ca/pg620.html>

No current entry

History Specialization:

First Year:

(a) HIST 1100

Second Year:

(a) 2 FCE History at YR 2 level

Third and Fourth Year:

(a) 2 FCE History at YR 3 or 4 level

Section 3

The Faculty(ies) affected by the proposed calendar change

Orillia Campus (Interdisciplinary Studies Dept.)

Dept. of History/Faculty of Social Sciences and Humanities

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:

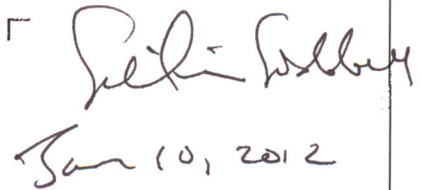
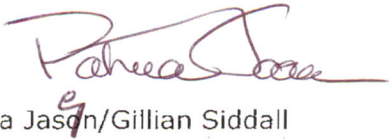
Patricia Jason/Gillian Siddall

Faculty:

Dept. of History/Faculty of Social Sciences and Humanities

Date:

Signature of Dean



Jan 10, 2012