

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Bahram Dadgostar	Faculty of Business Administration
	Department the change relates to	
	Faculty of Business Administration	
	Contact Person	
	Sherry Wang	

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

16/10/2009

Section 1

Description of the Proposed Calendar Change:

Change the title of Business 4039 "Canadian Financial Institutions" to "Financial Institutions Management"

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

The old title does not describe the course content properly. The financial theories and practices covered in this course apply to other countries as well. The old name is too narrow.

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/pg263.html>

Business 4039 Canadian Financial
Institutions
Credit Weight: 0.5

Replace the course name " Canadian Financial
Institutions" with "Financial Institutions
Management".

Prerequisite(s): Business 2039

Description: This course is designed to
improve the management skills of those who
intend to pursue management careers in one
of the several Canadian financial institutions.
The course involves the study of the important
types of financial institutions such as
chartered banks, trust companies, sales and
consumer finance companies, insurance
companies, mutual funds, caisses populaires,
credit unions, pension funds and investment
dealers.

Section 3

The Faculty(ies) affected by the proposed calendar change

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:

Bahram Dadgostar

Faculty:

Faculty of Business Admin.

Date:

Oct. 16 - 2011

Signature of Dean

