

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 Graduate

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?	<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 16/10/2009	

Section 1
Description of the Proposed Calendar Change: Change the title of Business 5079 "Seminar in Financial Theory and Practice" to "Seminar in Finance"
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
 The old title does not reflect the content of the course. It causes misunderstanding when students choose courses.

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://secretariat.lakeheadu.ca/form/>

Business 5079 Seminar in Financial Theory
and Practice
Credit Weight: 0.5

Replace the course title "Seminar in Financial
Theory and Practice" with "Seminar in Finance".

Description: Students will become informed of
selected important issues in financial theory
and practice such as capital markets
consumption and investment decisions,
agency problem, capital budgeting
techniques, pricing contingent claims, insider
trading, dividend policy, mergers and
acquisitions, and international financial
management.

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:

Business Admin.

Date:

oct 16 - 2011

Signature of Dean

