

Request for Calendar Change Form

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

Date:

To Secretary of Senate
From Name(Dean): Faculty
Andrew Dean SES
Department the change relates to
Biology, Chemistry
Contact Person
Christine Gottardo, David Law

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

Section 1
Description of the Proposed Calendar Change: Removing English requirement in Biology-Chemistry degree
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 The English requirement is a former requirement for Biology students. This is no longer the requirement for Biology degrees, therefore it should be changed (to be less restrictive) in the joint major as well.

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>1</p> <p>pg275</p> <p>3. Honours BSC (Biology and Chemistry Major)</p> <p>...</p> <p>First Year:</p> <p>...</p> <p>(c) One FCE in English (any combination of English 1011, 1031, 1111, or 1112)</p>	<p>(c) one FCE elective in humanities or social sciences</p>

Section 3

The Faculty(ies) affected by the proposed calendar change

SES - Department of Biology


SES - Department of Chemistry

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:

David Law

Faculty:

SES - Department of Biology

Date:

Signature of Dean

I agree to this calendar change proposal

Yes

No

Name:

Christine Gottardo



Faculty:

Department of Chemistry

Date:

07/10/2011

Signature of Dean

