

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. John O'Meara	Faculty of Education
	Department the change relates to	
	Undergraduate Studies in Education	
	Contact Person	
	Dr. Teresa Socha → Paul Berger 8708	

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

11/05/2012

Section 1

Description of the Proposed Calendar Change:

Amend the following Education Academic Regulation.

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

To clarify that students have three attempts to have two successful placements.

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/pg19.html>

f) Additional Professional Year Placement
Teacher candidates may require one additional placement in order to successfully demonstrate their professionalism, independence, and competence. Candidates who have not met this standard by the end of the additional placement attempt will receive a failing grade in ED4499.

f) Additional Professional Year Placement
Students are required to successfully demonstrate their professionalism, independence, and competence in both of their teaching placements to receive a passing grade in Education 4499. Students are permitted only one additional placement in order to achieve the above standard. Students who have not met this standard by the end of the additional placement attempt will receive a failing grade in Education 4499.

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:

Dr. Paul Berger

Paul Berger *Nov 13, 2012*

Faculty:

Faculty of Education

Date:

Signature of Dean

John O'Meara