

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: Revise the following calendar entry to be inclusive of all Concurrent programs.
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
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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

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<http://mycoursecalendar.lakeheadu.ca/pg93.html>

The concurrent BA/BEd and BSc/BEd degree programs require a minimum of four full years' work and the HBA/BEd and HSc/BEd degree programs require a minimum of five full years' work. The programs encompass studies in the liberal arts and sciences along with professional studies. The selection of courses will depend on the area of specialization that the student selects.

The concurrent bachelor degree programs require a minimum of four full years' work and the concurrent honours bachelor degree programs require a minimum of five full years' work. The programs encompass studies in the liberal arts and sciences along with professional studies. The selection of courses will depend on the degree and the area of specialization that the student selects.

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:

13.11.12

Signature of Dean

John O'Meara