

Request for Calendar Change Form

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

Date:

To
From Secretary of Senate
Name(Dean):

Faculty

Dr. Lori Livingston

Health and Behavioral Science

Department the change relates to

Social Work

Contact Person

Dr. Roger Delaney

Is the proposed calendar change Select...

Instructions:

1. In all cases please complete and attach sections 1 and 2
2. If the calendar change affects other departments/schools/faculties complete and attach section 3
3. If the answer to any of the questions below is yes, please explain. Attach separate sheets with reference to the question

- | | | |
|--|--|---|
| 1. Do the proposed calendar entry affect other departments/schools/faculties in terms of their calendar? | 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 a course(s) which is/are required core course(s) for a major in your, or another, department? | Yes
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> |

10. Do the proposed changes include a course(s) which is/are a service course(s) in your, or another, department? Yes No
☐ ☒

11. Do the proposed changes include a course(s) which is/are an open elective available to any student in any program? Yes No
☐ ☒

12. Do the proposed changes include a course(s) which is/are an elective in your major that is restricted to students in your major? Yes No
☒ ☒

Signatures:

Two handwritten signatures in black ink. The first signature is on the left, and the second is on the right, separated by a horizontal line.

Date approved by faculty council
24/06/2011

Section 1

Description of the Proposed Calendar Change:

Replace SW4405 with SW3401 in the Summer section of the One-Year Social Work Program and replace SW3401 with SW4405 in the Fall/Winter section.

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

This decision was based on pedagogical reasons associated with the complexity of research versus the complexities of social work theory and the congruence of the SW3401 course with the SW1100 and SW2401 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
<p>1</p> <p>http://mycoursecalendar.lakeheadu.ca/pg256.html</p> <p>2. Honours Bachelor of Social Work One Year program The One Year program is designed for graduates with an approved degree or students who have met the requirements for an undergraduate degree. This program is open primarily to personnel from social service organizations who have an approved degree and secondly to those holding an approved degree and minimal related practice experience. This program may be completed on either a full-time or part-time basis. A formal application with the necessary documents must be received by January 15. Applicants should consult with the Office of Admissions and Recruitment to determine if they are eligible for advanced standing credit upon admission. The following pattern of courses indicates the courses leading to the Honours Bachelor of Social Work degree for the one year program. Summer Session: (a) Social Work 1100 (b) Social Work 2401 (c) Social Work 4405 Fall/Winter: (a) Social Work 3313, 3401, 4212 and 4300 (b) Social Work 3501, 4407 and 4411 (c) One half-course elective in Social Work Spring Session: (a) Social Work 4501</p>	<p>2. Honours Bachelor of Social Work One Year program The One Year program is designed for graduates with an approved degree or students who have met the requirements for an undergraduate degree. This program is open primarily to personnel from social service organizations who have an approved degree and secondly to those holding an approved degree and minimal related practice experience. This program may be completed on either a full-time or part-time basis. A formal application with the necessary documents must be received by January 15. Applicants should consult with the Office of Admissions and Recruitment to determine if they are eligible for advanced standing credit upon admission. The following pattern of courses indicates the courses leading to the Honours Bachelor of Social Work degree for the one year program. Summer Session: (a) Social Work 1100 (b) Social Work 2401 (c) Social Work 3401 Fall/Winter: (a) Social Work 3313,, 4212 , 4300 and 4405 (b) Social Work 3501, 4407 and 4411 (c) One half-course elective in Social Work Spring Session: (a) Social Work 4501</p>

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 Faculty.

I agree to this calendar change proposal

Yes ☒

No ☐

If you choose "No" please explain why in the box below

Name:

Lori Livingston, Dean

Faculty:

Health and Behavioral Sciences

Date:

27/06/2011

Signature of Dean

