

Request for Calendar Change Form

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

Date:
30/09/2008

To Secretary of Senate
 From Name(Dean): Faculty
Dr. Andrew P. Dean Science and Environmental Studies
 Department the change relates to
PHYSICS
 Contact Person
Dr. William Sears

Is the proposed calendar change Undergraduate

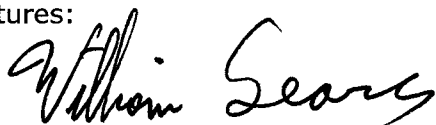
Instructions:

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 type="checkbox"/> | No
<input checked="" type="checkbox"/> |

- | | | |
|--|---------------------------------|---|
| 10. Do the proposed changes include a course(s) which is/are a service course(s) in your, or another, department? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 11. Do the proposed changes include a course(s) which is/are an open elective available to any student in any program? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

Signatures:



Date approved by faculty council

16/10/2008

Section 1

Description of the Proposed Calendar Change:

New calendar entry - PHYS 4611 - Topics in Physics

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)



This course will provide flexibility to our undergraduate programs. Since we have to rotate some courses, students can be caught short. Also students with esoteric interests may find an instructor willing to give a reading course.

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

1

Physics 4611
Topics in Physics
3;0; 3-0
Prerequisite: Permission of the Department

This will often be a reading course with topics that vary from year to year.

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: *Andrew P. Dean*

Faculty: *SES*

Date: *Oct. 24/08*

Signature of Dean

