

Request for Calendar Change Form

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

To Secretary of Senate
From Name(Dean): *DR. T. DUNK* Faculty *SOCIAL SCIENCES & HUMANITIES*

Department the change relates to *GENERAL B. A.*

Contact Person *MARGARET MACLEAN*

Is the proposed calendar change Select...

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 No

10. Do the proposed changes include a change in course which is 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: DELETE LIB+INFO STUDIES 1100, 8030, 2050, 2170, 3010
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required) COURSES HAVE NOT BEEN OFFERED FOR PAST 5 YRS.

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

p245 2007-08 LU CALENDAR DELETE LIB+INFO STUDIES
1100, 2030, 2050, 2170, 3010

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:

Thomas Dank

Faculty:

Social Sciences - Humanities

Date:

16 MAY 2008

Signature of Dean

Thomas Dank