

Request for Calendar Change Form

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

To Secretary of Senate
From Name(Dean): Dr. Andrew Dean Faculty SES
Department the change relates to Biology
Contact Person David Law

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: *Henry Kao Zi*

Date approved by faculty council

Nov. 13, 2008

Section 1

Description of the Proposed Calendar Change:

Change to Biol 3470

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

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This change will formalize the fact that this course may be offered in either the F or W terms. This offers more flexibility to offer the course in either term.

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://calendar.lakeheadu.ca/current/programs/Faculty_of_Science_%26_Env_St/biolcrse.html

Biology 3470
Plant Physiology and Biotechnology
0-0; 2-3
Prerequisite: Biology 2230 and 2910 or permission of the instructor
Photosynthesis and primary assimilation of inorganic nutrients, plant growth regulators, morphogenesis, tissue culture, water relations and transport, plant movements and directional growth, and facts and myths surrounding plant biotechnology.

Biology 3470
Plant Physiology and Biotechnology
2-3; or 2-3
Prerequisite: Biology 2230 and 2910 or permission of the instructor
Photosynthesis and primary assimilation of inorganic nutrients, plant growth regulators, morphogenesis, tissue culture, water relations and transport, plant movements and directional growth, and facts and myths surrounding plant biotechnology.

Section 3

The Faculty(ies) affected by the proposed calendar change

SES

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:

Faculty: *SES*

Date: *Nov. 18/08*

Adm De
Signature of Dean