

Request for Calendar Change Form

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

Date:

21/11/2008

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. G. Siddall	Social Sciences & Humanities
	Department the change relates to	
	Economics	
	Contact Person	
	Dr. G. Siddall	

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

21/11/2008

Section 1
Description of the Proposed Calendar Change: Minor Calendar Changes
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 From the Registrar's Office..... The Chair of SUSC is reminding everyone that if you have a minor program that does not meet the new requirements, and if you want to continue offering a minor program, you must have the necessary change(s) passed through Senate. Please also note that the Registrar's Office will be asking students who entered in 2007 or later to declare their minor. We will begin tracking minors in Colleague and will be reflected on students' transcripts. Once we code the minors you will be able to retrieve numbers of how many students are in your minor program(s). It is my intention to start requesting the declaration in Nov/Dec with a due date of the last date to add in January (January 14th). I will send notification to the students once we have everything in place and will keep you posted as to what is communicated/deadline dates, etc.

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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Existing Entry

Economics Minor Program

For a minor in Economics to be designated on the student's transcript, an overall average of 60% in three full course equivalents in Economics is required. One of the three must be Economics 1100; the other two will be selected in consultation with the Department. An attempt will be made to tailor courses to individual needs and interest.

6. Economics Minor Program

Students have the option of including a minor in specific areas as part of their four-year degree program. A minor is an optional collection of coursework within a four-year degree program, completion of which will be shown on the student's academic record, but not the student's parchment. A minor in Economics will consist of a minimum of at least three (3) full course equivalents different from and in addition to the courses in the student's major; however, only courses outside the major can be counted towards a minor. For a minor in Economics, one the of the three full-time courses must be Economics 1100. At least one of the full course equivalents must be at the 3rd year level, or beyond. If the student is unable to maintain the major average required to graduate from the four-year degree, he/she will not be awarded the minor designation. Beginning in September 2007, a student entering Year 1 will be recommended to declare, by the end of Year 2, any minor he/she chooses to take while in a four-year degree program. All minors and changes to minors must be declared by the end of September registration in Year 4. Students taking a three-year bachelor's degree may not declare a minor program. Students may not declare a minor before being admitted to, or after graduating from, a four-year program. An attempt will be made to tailor courses to individual needs and interest.

Section 3

The Faculty(ies) affected by the proposed calendar change

Social Sciences and Humanities

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:

Date:

Signature of Dean