

Request for Calendar Change Form

Tracking No:
(Senate Secretary's Office
use only)
Date:
04/11/2008

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dean Gillian Siddall (Acting)	Social Sciences and Humanities
	Department the change relates to	
	History	
	Contact Person	
	Dr. Patricia Jasen, Chair of History	

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 service/required course(s) in another program?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Signatures:	Date approved by faculty council <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Section 1

Description of the Proposed Calendar Change:

Change History Minor Program to History Major Program.

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

1

This change is in keeping with the new definition of Minor Programs at the June 4, 2007 Senate Meeting.

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

Page No. (Print) 243 or URL (Electronic)

Existing Entry:

History Minor Program

'An overall average of 60% is required in three full course equivalents, including History 1100 and any two additional History courses at the second year level or higher.'

Proposed Entry:

History Major Program

'Students in a four-year program may declare a Minor in History. The Minor Program requires an overall average of 60% in three full-course equivalents, including History 1100, a second year full-course equivalent, and a third-year full-course equivalent. Only courses outside the Major may be counted towards a Minor.'

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:

Faculty:

Date:

Signature of Dean