

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Acting Dean Trantor	Health and Behavioural Science
	Department the change relates to	
	Psychology	
	Contact Person	
	Dr. Hayman	

Is the proposed calendar change Undergraduate

Instructions:

- In all cases please complete and attach sections 1 and 2
- If the calendar change affects other departments/schools/faculties complete and attach section 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 checked="" type="checkbox"/> | No
<input 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 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 No

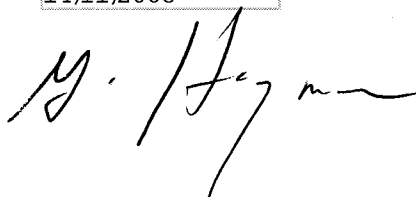
11. Do the proposed changes include a course(s) which is/are an open elective available to any student in any program? Yes No

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 No

Signatures:

Date approved by faculty council

14/11/2008

A handwritten signature in black ink, appearing to read 'M. H. ...', is written over the date box.

Section 1

Description of the Proposed Calendar Change:

Drop the requirement for Psychology 4901 in Year 4 of 7 Honours BSc (Psychology Major).

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

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This makes the thesis requirements the same for HBSc and HBA students, and allows BSc students with a 70-80% average, and not planning on applying to graduate programs, to graduate with a HBSc.

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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page 279

Fourth Year:

- (a) Psychobgy 4111 and 4611
- (b) Psychobgy 4901
- (c) Two FCEs in Psychobgy, preferably at the third or fourth year level (see Notes 1, 2 and 3 above)
- (d) One FCE elective (Psychobgy allowed)

Fourth Year:

- (a) Four FCEs in Psychology, preferably at the third or fourth year level (see Notes 1, 2 and 3 above)
- (b) One FCE elective

Information for SUSC, not to be entered into the calendar:

Transition:

Because the course change relieves students from taking a required course, enrolled HBSc students will be allowed to incorporate this program change immediately into their program.

Section 3

The Faculty(ies) affected by the proposed calendar change

Faculty of Health and Behavioural Science

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:

David Tranter

Faculty:

Health & Behavioural Science

Date:

Nov 26 / 08

Signature of Dean

