

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 Graduate

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 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

14/11/2008

Section 1

Description of the Proposed Calendar Change:

Modify course description to maintain consistency between practice and the calendar description

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

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The addition sentences does not reflect a change in the internship prerequisites. The information has been included in the Clinical Program Manual for a few years. In order to maintain consistency, it seemed best to also include the information in the Calendar.

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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Psychology 6092 (9092)
Internship
Clinical PhD candidates are required to complete a twelve-month (2000 hour) internship. Internship settings are designated and approved by the department, and supervision is provided by registered doctoral-level psychologists who are approved by the department. Students are encouraged to apply for CPA accredited internships and to use the APPIC matching service.
Non-credit required course.
Restricted to graduate students in Clinical Psychology.

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Non-credit required course.
Restricted to graduate students in Clinical Psychology.

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 Dept./School/Faculty.

I agree to this calendar change proposal

Yes

No

Name:

Faculty:

Date:

Signature of Dean