

Request for Calendar Change Form

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

Date:

18/11/2008

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. Gillian Siddall	Social Sciences & Humanities
	Department the change relates to	
	Women's Studies	
	Contact Person	
	Dr. Helen Smith	

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:

Revising year level of cross-listed course to match the change made in the History Department. The history course 3105 Renaissance and Reformation Europe is being changed from a 3rd year to a 4th year level course. This cross-listed course is listed under Group B in Women's Studies. This change includes revising the page number of the full course description to match whatever will be the new page number in the Department of History.

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

To ensure that the listing under Women's Studies matches the listing in the home department of History. There are no budgetary implications.

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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Women's Studies 3105/History 3105
Renaissance and Reformation Europe
See Department of History, Courses, page
243, for full course description

Women's Studies 4XXX/History 4XXX
Renaissance and Reformation Europe
See Department of History, Courses, page XXX,
for full course description

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:

Dr. Gillian Siddall

Faculty:

Social Sciences and Humanities

Date:

Signature of Dean