

Request for Calendar Change Form

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

Date:

05/01/2009

To	Secretary of Senate	
From	Name(Dean):	Faculty
	David Tranter	Health & Behavioral Sciences
	Department the change relates to	
	Kinesiology	
	Contact Person	
	Joey Farrell	

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

08/01/2009

Section 1

Description of the Proposed Calendar Change:

1. Change title of Kine 2035,
2. Change course description and title slightly for Kine 4035 &
3. Change description of course time style for Kine 4712
4. Change title for Kine 1035
5. Change title for Kine 1711
6. Change title for Kine 3070/Gero 3070

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

1

Kine 2035 title not completely reflective of content.

2

Kine 4035 course description and title updated to accurately reflect content in course.

3

Kine 4712 classroom/placement hours have been revised.

4

Title change to make more succinct for Kine 1035

5

Title change to make more succinct for Kine 1711

6

Title change to make more succinct for Kine/Gero 3070

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 146 of current calendar - Kine undergrad course listings

Kine 2035 - Motor Learning

Kine 2035 - Motor Control & Learning

2

Page 147 of current calendar - Kine undergrad course listings

KINE 4035 – Motor Control

3-0; or 3-0
Prerequisite: Kinesiology 2035

The study of motor control from a human factors or ergonomics perspective. The course will focus on how the quality of the input affects the processing of information and the production of controlled movements. Topics will include: the visual system, visual displays, compatibility, controls and controlling, and attention and action.

Changes to description and title to reflect course content accurately.

KINE 4035 – Advanced Motor Control

3-0; or 3-0
Prerequisite: Kinesiology 2035

Different models and theories of motor control and coordination exist which at the behavioral level, are embedded in philosophical and methodological assumptions of two paradigms: information processing and dynamic systems. Additionally, students will learn about models which attempt to solve a redundancy problem in motor behaviour, as well as models emphasizing the importance of feedback and feedforward processing to movement organization.

3

Page 148 of current calendar - Kine undergrad course listings

Kine 4712 - Cardiac Rehabilitation Apprenticeship
Prerequisite: Kinesiology 3010 and 3711
Winter Term lectures 15 hours plus placement 24 hours

Description follows, no changes to rest of course information.

Kine 4712 - Cardiac Rehabilitation Apprenticeship
Prerequisite: Kinesiology 3010 and 3711

0-0; 3-0, plus placement 24 hours

Description follows, no changes to rest of course information.

4

Page 146 of current calendar - Kine undergrad course listings

Kine 1035 - Introduction to Physical Growth and Movement Skill Development

Kine 1035 - Physical Growth & Motor Development

5

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Kine 1711 - Experiences in Movement Skill Development

Kine 1711 - Movement Skill Development

6

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Kine/Gero 3070 - Introduction to Adapted Physical Activity and Sport

Kine/Gero 3070 - Adapted Physical Activity & Sport

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