

Request for Calendar Change Form

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

Date:

27/03/2008

To Secretary of Senate
From Name(Dean): Faculty

 Department the change relates to

 Contact Person

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 checked="" type="checkbox"/> | No
<input 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 | 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

Section 1
Description of the Proposed Calendar Change: To add a SPECIAL TOPICS course to the calendar. Health Services and Policy Research 5___: Special Topics
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<input type="text"/>
We need a a HSPR Special Topics course, so that each OVGS course taken can be credited back to the Lakehead graduate diploma program with the "topic" title as taken at the host university.

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

http://calendar.lakeheadu.ca/current/programs/Graduate_Studies/graddiphealth.html

ADD:
Health Services and Policy Research
5_____: Special Topics course. [half course]

Section 3

The Faculty(ies) affected by the proposed calendar change

Master of Arts in ECONOMICS

Master of Arts in SOCIOLOGY

Master of PUBLIC HEALTH with Specialization in Nursing

Master of PUBLIC HEALTH in Health Studies

Master of Social Work

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. Moazzami

Faculty:

Chair, Economics

Date:

27/03/2008

Signature of Dean

I agree to this calendar change proposal Yes No

Name:

Dr. Sharon Dale Stone

Faculty:

Chair of Sociology

Date:

27/03/2008

Signature of Dean

I agree to this calendar change proposal

Yes

No

Name:

G. Knutson

Faculty:

Acting Director of Public Health

Date:

27/03/2008

Signature of Dean

I agree to this calendar change proposal

Yes

No

Name:

Dr. David Tranter

Faculty:

Social Work

Date:

27/03/2008

Signature of Dean