

Request for Calendar Change Form

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

Date:
05/05/2009

To Secretary of Senate
From Name(Dean): Faculty
Dr David Tranter School Of Nursing
Department the change relates to
Native Nurses Entry Program
Contact Person
Sandra Cornell

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 service/required course(s) in another program? | Yes | No |

- | | | |
|--|------------------------------|--|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Signatures:

Date approved by faculty council



Section 1
Description of the Proposed Calendar Change: "If there is a gap of 2 years or more between NNEP graduation and entrance into the BScN, the student will lose their direct entry into the BScN program, but they can apply as a mature student directly to the BScN program"
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
Calendar Addition: Required due to the time lapse between graduating from NNEP and going on to enter the BScN program the student will not retain the information over the length of time gap. The NNEP Student can apply in the general mainstream in this case.

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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Section 3

The Faculty(ies) affected by the proposed calendar change

School of Nursing

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:

David Traub

Faculty:

Health & Behavioral Sciences

Date:

June 29, 2009

Signature of Dean

