

Geog 4th yr

Request for Calendar Change Form

Tracking No:
(Senate Secretary's Office
use only)
Date:
24/09/2009

To Secretary of Senate
From Name(Dean): Andrew Dean Faculty SES
Department the change relates to
Geography
Contact Person
Kamil Zaniewski

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 |

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
Oct 1 2009

Section 1

Description of the Proposed Calendar Change:
Removal of Geography Academic Regulation F

Rationale of the Proposed Calendar Change(s):
(Corresponding to Section 2 where required)

This regulation was introduced at a time when fourth-year Geography classes were heavily over-subscribed. While numbers are still respectable, there is now more room to admit students from other programs into fourth year

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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F. Fourth-year Geography courses are normally open only to students in their final year of an Honours Geography program (HBA, HBSc, HBA/BEd, HBSc/BEd, HBES, HBESc). Other students will be permitted to register for fourth-year Geography courses only with the permission of the instructor, and provided they have all other prerequisites.

Deleted

This regulation is listed in al of the following course descriptions:

- 4211
- 4231
- 4333
- 4351
- 4371
- 4411
- 4431
- 4451
- 4611
- 4731
- 4771
- 4811
- 4911

"IMPORTANT: See note F under Academic regulations, page 198"

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:



KATIL ZANIEWSKI

Faculty:

SES

Date:

Oct-3 10 9

24/09/2009

Signature of Dean

