

Request for Calendar Change Form

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

To Secretary of Senate
From Name(Dean): Faculty
Dr. G. Siddall Faculty of Social Sciences and Humanities
Department the change relates to
Sociology
Contact Person
Dr. Sharon-dale Stone (343-8530)

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 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 | 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:

P. Walsh (ACTING CHAIR Sociology) *OCT. 16/09*

Date approved by faculty council

Section 1

Description of the Proposed Calendar Change:

Add a Third Year Half Course

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

1

Students have expressed interest in such a course and the department has the expertise to offer it. It will make a useful complement to our existing course that is popular: Sociology of Aging.

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

ADD NEW COURSE

SOCIOLOGY

3XXX Life Course Studies

A critical examination of aging across the life
course, from childhood to old age, with a focus on
the interplay of agency and structure in shaping
outcomes.

Prerequisite: Soci 1100, Gero ^{102 Gero 1130}~~1100~~ or SoWk 1100

To be cross-listed with Gerontology and Social
Work.

Section 3

The Faculty(ies) affected by the proposed calendar change

Gerontology

Social Work

M. Jane Taylor - I have been consulted & agree with
October 13, 2009

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:

Gillian Siddall

Faculty:

SSH

Date:

Oct 16, 2009

Signature of Dean

Gillian Siddall

Section 3

The Faculty(ies) affected by the proposed calendar change

Gerontology

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:

David Tranter

Faculty:

Social Work



Date:

Signature of Dean

