

Request for Calendar Change Form

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

| | | |
|------|----------------------------------|--------------------------------|
| To | Secretary of Senate | |
| From | Name(Dean): | Faculty |
| | Dr. Lori Livingston | Health and Behavioural Science |
| | Department the change relates to | |
| | Psychology | |
| | Contact Person | |
| | Dr. Gordon Hayman | |

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 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 checked="" 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
29/10/2009

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| Section 1 |
| Description of the Proposed Calendar Change: Change in Cognate Area proficiency requirement for Clinical PhD in Psychology |
| Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required) |
| 1 Allows students who have already fulfilled the cognate requirements over their graduate training to choose courses based on their interests, and removes the counting the undergraduate psychology thesis towards a cognate area. |

| 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 |
| <p>1</p> <p>http://mycoursecalendar.lakeheadu.ca/pg336.html</p> <p>PhD First and Second Year: Students must take the following six required half-courses and additional six elective half-courses from the list of Cognate Areas (see Psychology Academic Regulations, PhD Degrees, Course Requirements, page 361-362):</p> <ul style="list-style-type: none"> (a) Psychology 5311 - Cognitive-Behavioural Therapy (b) Psychology 5711 - Research Methods and Program Evaluation (c) Psychology 6211 - Psychopathology of the Adult (d) Psychology 6231 - Psychopathology of Childhood and Adolescence (e) Psychology 6251 - Advanced Assessment Techniques (f) Psychology 6751 - Cultural Issues for Clinical Psychologists <p>In addition, in accord with both CPA and APA guidelines, students must complete four of their six elective half-courses in each of the following cognate areas: biological, cognitive/affective, social/developmental, and individual differences bases of behaviour. A given half-course can fulfill only one of these cognate requirements. Successful completion of an honours level undergraduate psychology thesis may be credited towards one applicable cognate area.</p> | <p>PhD First and Second Year: Students must take the following six required half-courses and additional six elective half-courses from the list of Cognate Areas (see Psychology Academic Regulations, PhD Degrees, Course Requirements, page 361-362):</p> <ul style="list-style-type: none"> (a) Psychology 5311 - Cognitive-Behavioural Therapy (b) Psychology 5711 - Research Methods and Program Evaluation (c) Psychology 6211 - Psychopathology of the Adult (d) Psychology 6231 - Psychopathology of Childhood and Adolescence (e) Psychology 6251 - Advanced Assessment Techniques (f) Psychology 6751 - Cultural Issues for Clinical Psychologists <p>In addition, in accord with both CPA and APA guidelines, students must complete four of their six elective half-courses in each of the following cognate areas: biological, cognitive/affective, social/developmental, and individual differences bases of behaviour. A given half-course can fulfill only one of these cognate requirements. Successful completion of other graduate level psychology courses taken during the tenure of a Master's degree program can be counted toward the applicable cognate area with approval. However, such courses may not count as credits towards the PhD degree.</p> |

Section 3

The Faculty(ies) affected by the proposed calendar change

Health and Behavioural Science

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: *Lori Livingston*

Faculty: *Health and Behavioural Sciences*

Date: *November 6, 2009*

Signature of Dean

