

Request for Calendar Change Form

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

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. John O'Meara	Faculty of Education
	Department the change relates to	
	Lifelong Learning	
	Contact Person	
	Dr. Don Kerr	

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
20/11/2009


Acting Chair, 24 November 2009

Section 1
Description of the Proposed Calendar Change: Change name of " Education 4509: Curriculum and Instruction in Religious Education for Roman Catholic Separate Schools" to "Education 4509: Religious Education, Part I"
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<p>This course is an Additional Qualification course offered to teachers under the guidelines of the Ontario College Of Teachers (OCT); the present calendar change is simply to change the name of the course to keep it up-to-date with current OCT guidelines.</p> <p>The proposed change does not affect any other department/school/faculty.</p>

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

mycoursecalendar.lakeheadu.ca/pg264.html

EDUC 4509 Curriculum and Instruction in
Religious Education for Roman Catholic
Separate Schools

EDUC 4509: Religious Education Part I

Section 3

The Faculty(ies) affected by the proposed calendar change

Faculty of Education

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:

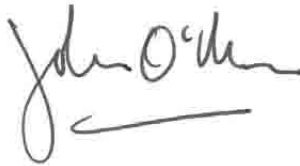
Dr. John O'Meara

Faculty:

Faculty of Education

Date:

Signature of Dean

A handwritten signature in black ink, appearing to read "John O'Meara", with a horizontal line underneath it.