

Request for Calendar Change Form

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

To Secretary of Senate
From Name(Dean): Faculty
Dr. Andrew P. Dean Science and Environmental Studies
Department the change relates to
PHYSICS
Contact Person
Dr. William Sears

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
 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
 Yes No

Signatures:

Date approved by faculty council



Section 1

Description of the Proposed Calendar Change:

Additional text entry - Minor in Physics

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

The Dean of the Faculty of Science and Environmental Studies has requested that a Minor Program be developed.

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

(under Programs, insert after item 9. Concurrent
Programs in Ed.)

10. Minor in Physics

If the requirements for a degree in a major
subject of study are satisfied a student may obtain
a minor in Physics; if the following courses have
been completed.

1. Either Physics 1101 or the 1113/1133 pair or
the 1010/1030 pair.
2. Two of Physics 2111, 2151, 2211, 2311, 2331,
and 2332.
3. Two half-courses in Physics at the third or
fourth year level.

A minimum average of 60% is required in these
courses. Students should be aware of the
prerequisites in upper year courses when planning
their program.

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: *Andrew P. Dean*

Faculty: *SES*

Date: *Feb. 23 / 16*

Signature of Dean *Andrew P. Dean*