

**Request for Calendar Change Form**

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

|            |                                       |                      |
|------------|---------------------------------------|----------------------|
| To<br>From | Secretary of Senate<br>Name(Dean):    | Faculty              |
|            | Dr. John O'Meara                      | Faculty of Education |
|            | Department the change relates to      |                      |
|            | Professional Development in Education |                      |
|            | Contact Person                        |                      |
|            | Dr. Teresa Socha                      |                      |


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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 2. Is a transition plan needed for student in progress?  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty?                                       | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University?           | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 6 Will the proposed changes affect existing teaching loads within your department/school/faculty?  | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit?  | Yes<br><input type="checkbox"/> | No<br><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<br><input type="checkbox"/> | No<br><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: 

Date approved by faculty council  
22/10/2010

|  |
|--|
| Section 1  |
| <p><b>Description of the Proposed Calendar Change:</b></p> <p>The phrase "one year in Ontario" be deleted from the admission requirements for Schedule D, Specialist and Schedule E, Honour Specialist Additional Qualification courses in the University Calendar.</p>  |
| <p><b>Rationale of the Proposed Calendar Change(s):</b><br/>(Corresponding to Section 2 where required)</p> <p></p> <p>This is an omnibus change to reflect amendments made to Regulation 176/10 (Regulation 184/97 has been revoked), one of which was to delete the requirement for "1 year of teaching in Ontario" from the pre-requisites for admission into the "Specialist" Additional Qualification courses.</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](http://mycoursecalendar.lakeheadu.ca/pg264.html)

one year in Ontario

Deleted

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:

Oct 26, 2010

Signature of Dean

