

Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	<input style="width: 95%; height: 20px;" type="text" value="Dr. John O'Meara"/>	<input style="width: 95%; height: 20px;" type="text" value="Faculty of Education"/>
	Department the change relates to	
	<input style="width: 95%; height: 20px;" type="text" value="Professional Development in Education"/>	
	Contact Person	
	<input style="width: 95%; height: 20px;" type="text" value="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
<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 | 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

Description of the Proposed Calendar Change:

Change name of " Education 4667: Environmental Science, Part I" to "Education 4667: Environmental Science/Environmental Studies, Part I"

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

This course is a Schedule D 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.

The proposed change does not affect any other department/school/faculty.

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 4667 Environmental Science, Part I

EDUC 4667: Environmental Science/Environmental
Studies, 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:

Oct 26, 2010

Signature of Dean

