

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

Professional Development if 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 No

2. Is a transition plan needed for student in progress? Yes No

3. Are the proposed changes likely to affect student enrollment in your department/school/faculty? Yes No

4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? Yes No

5. Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? Yes No

6 Will the proposed changes affect existing teaching loads within your department/school/faculty? Yes No

7. Will the proposed changes increase demand for teaching support services such as the library, computing services and technical staff ? Yes No

8. Will the proposed change require direct or in-kind support from outside the academic unit? Yes No

9. Do the proposed changes include change in course(s) which is/are required core course(s) for a major? Yes No

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:

The phrase "Ontario Regulation 184/97" be replaced with the "Ontario Regulation 176/10" in the University Calendar

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

Ontario Regulation 184/97 has been revoked.

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

Regulation 184/97

Regulation 176/10

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

