

35551  
4815

# Request for Calendar Change Form

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

Date:  
23/08/2010

To Secretary of Senate

From Name(Dean): Faculty  
 Gillian Siddall Social Sciences and Humanities

Department the change relates to  
 School of Outdoor Recreation, Parks and Tourism

Contact Person  
 Raynald Harvey Lemelin

Is the proposed calendar change Graduate

### 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

25/01/2010



Section 1
<b>Description of the Proposed Calendar Change:</b> To change graduate/undergraduate "cross-timetabled" course OUTD 5555/OUTD 4815/ES 4815 status (it will no longer be offered as a graduate course)
<b>Rationale of the Proposed Calendar Change(s):</b> (Corresponding to Section 2 where required)
<input type="checkbox"/> Course is not consistently instructed by a member of the faculty of graduate studies (see general criteria and procedures for membership in the FGS) for additional information.
<input type="checkbox"/> The creation of two new graduate courses (electives) will better serve the needs of MES-NBRT graduates.

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

<http://mycoursecalendar.lakeheadu.ca/pg132.html>

Outdoor Recreation 5555 - Wilderness Issues Deleted

Section 3

The Faculty(ies) affected by the proposed calendar change

Social Sciences and Humanities

**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:

Faculty:

Date:

Signature of Dean

*Gillian S. DeLall*  
Oct 22, 2010