

Request for Calendar Change Form

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

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. Lori Livingston	Health and Behavioural Sciences
	Department the change relates to	
	School of Kinesiology	<i>Kinesiology 1710</i>
	Contact Person	
	Dr. Joey Farrell	

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

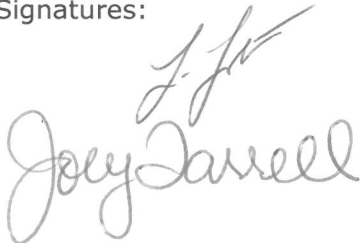
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|--|---------------------------------|---|
| 1. Do the proposed changes affect other departments/ schools/faculties in terms of their calendar change? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Is a transition plan 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

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
11/11/2010



Section 1
Description of the Proposed Calendar Change: Course title/description update.
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
1 Highlights focus of material in course. Overall, course material is similar but emphasis has been re-directed.

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

1

Kinesiology 1710
Introduction to Lifestyle Management
Credit Weight: 0.5

Description:
An introduction to personal lifestyle concepts
using a bio-psycho-social approach.
Behavioural change theory is applied to
balancing the primary lifestyle concepts of
activity level, nutrition, weight management,
stress management and related issues.
Lifestyle disorders are studied through
practical laboratory exercises and theoretical
discussion.

Offering:
2-2; or 2-2

Kinesiology 1710
course title change:
General Principles of Fitness and Wellness
Credit Weight: 0.5

New Description:

Description:
An Introduction to the practical components of
health-related fitness and concepts of
wellness. There is a focus on learning the roles of
a kinesiologist by applying a step-by-step process
from health history and informed consent to
treatment and exercise program planning.

Offering:
2-2; or 2-2

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:

Faculty:

Date:

N/A

Signature of Dean