

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	
	Aboriginal Education Dept.	
	Contact Person	
	Dr. Paul Berger (Acting) Chair	

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
10/12/2010

ED 1352 NASL Methods, Part II

Section 1
<p>Description of the Proposed Calendar Change: A continuation of the topics of Part I, with the focus broadened to the unit level. The practicum will encourage originality within the bounds of second language teaching criteria, in the preparation of teaching units.</p>
<p>Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)</p> <p>Changed to reflect the current content of the course.</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

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<http://mycoursecalendar.lakeheadu.ca/pg203.html>

A continuation of the topics of Part I, with the focus broadened to the unit level. The practicum will encourage originality within the bounds of second language teaching criteria, in the preparation of teaching units.

A continuation of the topics of Part I, with the focus broadened to the unit level. The practicum will encourage originality within the bounds of Native language teaching criteria, in the preparation of teaching units.

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:
Dr. John O'Meara

Faculty:
Faculty of Education

Date:
16/12/2010

Signature of Dean

