

## 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 in 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<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?

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

Section 1

Description of the Proposed Calendar Change:

Delete EDUC 4527 Honour Specialist in Mathematics from the University Calendar

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

Education 4527 was up for renewal with the Ontario College of Teachers and we chose not to renew the course due to poor enrollment (a total of 11 students over 5 courses since January 2008)

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](http://mycoursecalendar.lakeheadu.ca/pg264.html)

EDUC 4527 Honour Specialist in Mathematics Deleted

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

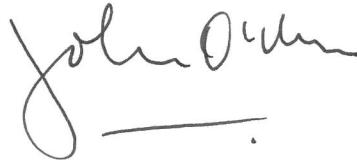
Faculty:

Faculty of Education

Date:

January 17, 2011

Signature of Dean

A handwritten signature in black ink that reads "John O'Meara". The signature is written in a cursive style with a long horizontal line extending from the end of the name.