

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
<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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Signatures:

Date approved by faculty council
10/12/2010

Section 1

Description of the Proposed Calendar Change:

To revise Education 4725 course description.

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

To make the description timeless with future curriculum revisions; to allow for a course delivery in any semester; to align the wording with the Part II course description (last sentence)

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

This Additional Qualification course offers a unique opportunity for educators to increase their understanding of teaching/learning mathematics, change processes, and implementation of the new Mathematics Guideline (M.E.T., 1997). A team of mathematics educators will work with seminar participants to develop action research studies which they will conduct during the fall term.

Candidates are provided a unique opportunity to increase their understanding of teaching/learning mathematics, change processes, and implementation of The Ontario Curriculum Grades 1-8: Mathematics. The course instructor will work with candidates to develop and carry out an action research project in the classroom.

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, appearing to read "John O'Meara", written over a horizontal line.