

## Request for Calendar Change Form

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

To Secretary of Senate  
From Name(Dean): Faculty  
Gillian Siddall Social Sciences and Humanities  
Department the change relates to  
Women's Studies  
Contact Person  
Lori Chambers

Is the proposed calendar change Select...

**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 checked="" type="checkbox"/> | No<br><input 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 checked="" type="checkbox"/> | No<br><input 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

Section 1
Description of the Proposed Calendar Change: Reduce number of required specified courses at 3rd Year Level and allow students more choice
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
2nd Year, allow students to choose 2 of 6 possible courses. Increase flexibility in teaching/offering to students and improve class sizes.

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

2nd Year

(a) Women's Studies 2112

(b) 1 half course in Women's Studies selected  
from 2110, 2111, 2317, 3110.

2nd Year

(a) 1 full course equivalent in Women's Studies  
from 2110, 2111, 2112, 2317, 2711 or 3110.

Section 3

The Faculty(ies) affected by the proposed calendar change

Social Sciences and Humanities, English, History, Gerontology, Indigenous Learning, Outdoor Recreation,...

**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:

Jan 13, 2011

Signature of Dean



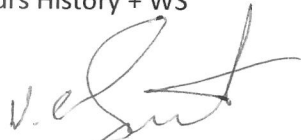
English - re: BA. Honours English + WS

Dr. J. Leggatt



History – re: BA Honours History + WS

Professor V. Smith



Gerontology – re: BA Honours Gerontology + WS

Dr. Jane Taylor



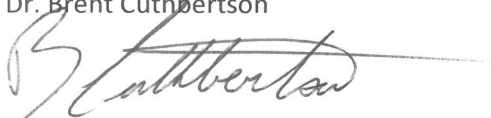
Indigenous Learning – re: BA Honours Indigenous Learning + WS

Dr. D. McPherson



Outdoor Recreation – re: Honours BA Outdoor Recreations + WS

Dr. Brent Cuthbertson



Sociology – re: Honours BA Sociology + WS

Dr. Sharon Stone



Faculty of Health and Behavioural Sciences

Psychology – re: Honours BA Psychology + WS; Major Concentration in WS

Dr. Lori Livingston, Dean

