



Faculty of Business Administrationⁱ

Business XXXX-XAⁱⁱ
[INSERT COURSE NAME HERE]

Term XXXX/XXXX

CONTACT INFORMATION

Instructor:

Name

Email

Office Location

Office Hours

Phone Number

Supplementary Course Website

Teaching Assistant:

Name

Email

COURSE DESCRIPTIONⁱⁱⁱ

DELIVERY MODE/LOCATION

Course Location:

Campus:

Times:

COURSE OBJECTIVES

LEARNING OUTCOMES COURSE SCHEDULE

The following is the planned course schedule. In the event that a scheduled class is cancelled, a make-up class will be scheduled and the course schedule adjusted accordingly.

Class	Date	Topic	Material
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

IMPORTANT DATES:

ITEM:

DUE BY/DATE:

NOTE:

Any important announcements, including changes in due dates will be announced in-class and posted on Desire2Learn^{iv}.

REQUIRED MATERIALS

Textbook:

Other Reading:

Other appropriate readings and additional materials intended to enhance your understanding and practical application of course concepts will be posted on the course website^v.

ADDITIONAL MATERIALS

Additional materials will be placed on reserve in the library that may be useful in preparing in class presentations.

EVALUATION

Assignment	Value	Due Date	Individual/Group

Participation:

Significant & meaningful contributions	
Regular and useful contributions	
Occasional contributions	
Regular attendance, minimal contribution	
Irregular attendance	

Assignments:

[describe the nature of the assignments here]

Mid-term:

[briefly describe the format / nature of the mid-term]

Final Exam:

Group Project:

TEAM REPORT: EDITORIAL SIGN OFF:

Group Member <i>(please type or print name clearly)</i>	Percentage of Contribution <i>(equal percentages indicate equal contribution)</i>

By signing below, I acknowledge that our group has agreed with the above assessment of group member contribution. If the group is unable to reach agreement, they must meet with the instructor prior to the due date.

By signing below I acknowledge that I have read the final synthesized report. I have offered comments and corrections to the final report with regard to grammar, spelling, punctuation and duplication of content. To the best of my knowledge, everything in this report represents original work. Any ideas or concepts that are not original have been referenced.

Team Member Names <i>(please print or type clearly)</i>	Team Member Signatures:	Date:

* This form must be attached to the back page of the final report

Group Project Evaluation Rubric

CRITERIA	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations

GRADING SCHEME:**[Graduate Course]**

A+	90 to 100%	Outstanding understanding of the course concepts including integration of materials and ideas, ability to apply knowledge to situations
A	80 to 89%	
B	70 to 79%	Above average to excellent knowledge, ability to apply knowledge to situations
C	60 to 69%	Satisfactory knowledge including ability to recognise and apply major course concepts, and to progress to next level of course
F	1 to 59%	Failed to meet minimum requirements of the course
F	0	Failure resulting from academic dishonesty

GRADING SCHEME:**[Undergraduate Course]**

A+	90 to 100%	Outstanding understanding of the course concepts including integration of materials and ideas, ability to apply knowledge to situations
A	80 to 89%	
B	70 to 79%	Above average to excellent knowledge, ability to apply knowledge to situations
C	60 to 69%	Satisfactory knowledge including ability to recognise and apply major course concepts, and to progress to next level of course
D	50 to 59%	Some grasp of course concepts; will likely encounter difficulty with higher levels
F	1 to 49%	Failed to meet minimum requirements of the course
F	0	Failure resulting from academic dishonesty

Students are advised to refer to the University Calendar to ensure that they have adequate grades and/or average to proceed in their program. Some course /program requirements require a higher average than the minimums stated above.

COURSE POLICIES

The instructor reserves the right to schedule quizzes, make-up classes, and other course-related activities on Fridays throughout the academic term; students should not make commitments that would prevent them from fulfilling these course requirements. We will attempt to minimize conflict of Friday activities with other program requirements^{vi}.

[add other policies]

GENERAL REGULATIONS

Student Accessibility Services (SAS) (Thunder Bay) and Student Affairs (Orillia) coordinate services and facilitates reasonable academic accommodations for students with disabilities. Academic accommodations are provided on the basis of documentation of a disability. Additional information is available at the following campus websites:

Thunder Bay:

<http://learningassistance.lakeheadu.ca/>.

Orillia:

<http://orillia.lakeheadu.ca/about-us--orillia-student-affairs/>

[add other policies]

ACADEMIC DISHONESTY

The University takes a most serious view of offences against academic honesty such as plagiarism, cheating and impersonation. Penalties for dealing with such offences will be strictly enforced.

A copy of the "Code of Student Behaviour and Disciplinary Procedures" including sections on plagiarism and other forms of misconduct may be obtained from the Office of the Registrar.

The following rules shall govern the treatment of candidates who have been found guilty of attempting to obtain academic credit dishonestly.

- (a) The minimum penalty for a candidate found guilty of plagiarism, or of cheating on any part of a course will be a zero for the work concerned.
- (b) A candidate found guilty of cheating on a formal examination or a test, or of serious or repeated plagiarism, or of unofficially obtaining a copy of an examination paper before

the examination is scheduled to be written, will receive zero for the course and may be expelled from the University.

Students disciplined under the Code of Student Behaviour and Disciplinary Procedures may appeal their case through the Judicial Panel.

Note: "Plagiarism" shall be deemed to include:

1. Plagiarism of ideas as where an idea of an author or speaker is incorporated into the body of an assignment as though it were the writer's idea, i.e. no credit is given the person through referencing or footnoting or endnoting.
2. Plagiarism of words occurs when phrases, sentences, tables or illustrations of an author or speaker are incorporated into the body of a writer's own, i.e. no quotations or indentations (depending on the format followed) are present but referencing or footnoting or endnoting is given.
3. Plagiarism of ideas and words as where words and an idea(s) of an author or speaker are incorporated into the body of a written assignment as though they were the writer's own words and ideas, i.e. no quotations or indentations (depending on format followed) are present and no referencing or footnoting or endnoting is given.

A listing of University Regulations can be found at:

<http://calendar.lakeheadu.ca/current/contents/regulations/univregsintro.html>

The code of student behaviour and disciplinary procedures can be found at:

<http://policies.lakeheadu.ca/policy.php?pid=60>

MISSED EXAMS

Make-up examinations will only be given with written documentation from a healthcare practitioner using the official Student Health Certificate, available at

<http://registrar.lakeheadu.ca/uploads/docs/F.HealthCertificate.pdf> (see next page).

Final examinations run from Dec 6th to 17th, 2012, inclusive. There will be no rescheduling of examinations to accommodate holiday travel or extracurricular activities. No one will be allowed to write examinations prior to the scheduled date.

Lakehead University
STUDENT HEALTH CERTIFICATE

I. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this licensed/registered health practitioner to provide the following information to Lakehead University relating to my petition for special consideration. I understand that the decision on my petition will be made by the Registrar's Office.

STUDENT SIGNATURE

STUDENT NO

DATE

II. TO BE COMPLETED BY THE HEALTH PRACTITIONER: (Please check applicable categories and indicate the applicable start and end dates)

✓	Degree of Incapacitation		Start Date	End Date
	Severe	Completely incapacitated in relation to functioning of any academic level (e.g., completely restricted mobility, unable to attend any classes or write any tests/examinations)		
	Serious	Unable to fulfill academic obligations with significant impact on performance (e.g., unable to attend classes, unable to write a test/examinations)		
	Moderate	Able to fulfill some academic obligations but performance will be considerably affected (e.g., able to attend classes, unable to concentrate for long periods, assignments may be late)		
	Slight	Able to fulfill academic obligations, but performance will likely be sub-optimal (e.g., able to attend classes, able to read)		
	Negligible	Unlikely to have any significant effect on ability to fulfill academic obligations		
	This is a chronic condition			
	Patient has fully recovered from illness at this time			

III. HEALTH PRACTITIONER COMMENTS: (Please complete the following)

The degree of incapacitation is based on an examination performed on _____ (date).
Comments:

IV. VERIFICATION BY THE LICENSED/REGISTERED HEALTH PRACTITIONER:

NAME (Please print)

ADDRESS (stamp, business card or letterhead acceptable)

REGISTRATION NO.

TELEPHONE NUMBER

DATE

SIGNATURE

NOTE: Any cost for completing this certificate must be paid by the patient

The student must submit the original Student Health Certificate to the Office of the Registrar within ten (10) business days of the missed work/exam.

Information is collected on this form under the authority of section 14 of the Lakehead University Act to assist the Registrar's Office in assessing the petition of the student named herein for special consideration due to health concerns. After all identifiers have been stripped from it the information may also be used for statistical analysis and review of University services but otherwise, unless disclosure is compelled by law or the student consents to additional disclosure, will be kept strictly confidential. Questions regarding the collection of this personal information should be directed to the Registrar at Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1, telephone: (807) 343-8675.

ⁱ The order of the sections in the course outline should be consistent for all courses. If a particular element is not relevant for the course, it may be deleted or amended to reflect the course content.

ⁱⁱ Include all course codes if the course is cross-listed or offered at both campuses

ⁱⁱⁱ This should be consistent with the Lakehead University course calendar.

^{iv} Amend to reflect course website if relevant.

^v Can include Desire2Learn here.

^{vi} This statement is optional.