

NEW CERTIFICATE Template for Curriculum Navigator Initiators

Instructions: Use this form when initiating a new certificate. Fill in the spaces below with the details about the new certificate. Once completed email this form to the initiator within your faculty; if you are unsure who that is, contact the Administrative Assistant to the Dean. The initiator will input this request into Curriculum Navigator, which will start the approval process. A unique request number will then be assigned your request. You may use this number to track the progress of your request by completing the following steps:

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Go to the website: http://navigator.lakeheadu.ca Username: lakeheadmember Password: password Select "Curriculum", then "Search Requests". Enter the request number, open the request, and then click on the "Workflow" tab.			
Note: All fields below are required fields.			
NOTE about Quality Assurance requirements:			
Visit this link to learn about the <u>proposal requirements and the process for review and approval of new certificates.</u>			
If you would like assistance with Quality Assurance requirements, contact the Provost and Vice-President (Academic) office for guidance 343-8574.			
The following is information that will be displayed in the University Calendar:			
Title of Certificate:			
Certificate Description:			
Program Requirements for Calendar:			

The following is information for Committee Review:

•	What is the new Certificate Code? (Provided by Calendar Officer):
•	A full proposal is required for the submission of a proposed new certificate. Is the program proposal attached? (see link above)
•	Department Name:
•	Calendar Start Term. When this should be displayed in the Calendar, e.g. 2016-17:
•	Academic Level:
• [Certificate Type: Non-Credit Certificate Credit Certificate
	Learning Outcomes:
•	Include clear rationale for the specific course requirements. If courses are offered by other academic units, attach confirmation of their support:
•	Student Enrolment: Indicate who this program is open to and if there are any restrictions:
•	Is this program offered by other institutions? If yes, and if possible, include weblinks:

•	Length of the program (e.g., 3-terms): Indicate if there is a maximum time and/or sequencing for students to complete this program:
•	Mode(s) of Delivery. Select all that apply: Web streaming
	Online
	Hybrid/Blended
	Videoconference
	Lecture
	Seminar
	Field school
	Studio
[Independent study
	Detionals for Mades of Delivery
•	Rationale for Modes of Delivery:
•	Location and Rationale (e.g. specify on-campus or off-campus):

The following is information for Senate Budget Committee Consideration:

NOTE: Complete each section and provide full explanations for both "yes" and "no" answers. This will not be displayed in the calendar but will be used by the Senate Budget Committee when considering approval of this proposal. The creator of this proposal may be asked to attend a committee meeting to discuss this proposal. Contact the Chair of the Senate Budget Committee if you wish to discuss any of the questions below.

•	Will this program impact student enrolment in another program within the same faculty/unit?
•	Will this program impact student enrolment in another program in a different faculty/unit?
•	Will additional resources be required (space, staff, equipment, etc.)?
•	How will this impact existing teaching loads within this faculty/unit?
•	What is the impact on the demand for teaching support services (library, computers, staff, etc.)?
•	Will this require outside support? If yes, please outline the amount and timing of the funding:
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Additional Dean Stage
Will this request affect another faculty other than your own? If you would like another faculty
Dean to review this request, select all that apply below.

Do not select your own faculty.				
	Dean of Business Administration			
	Dean of Education			
	Dean of Engineering			
	Dean of Health & Behavioural Sciences			
	Dean of Natural Resources Management			
	Dean of Science & Environmental Studies			
	Dean of Social Sciences & Humanities			