

## Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	<input type="text" value="T. Dunk"/>	<input type="text" value="Social Sciences &amp; Humanities"/>
	Department the change relates to	
	<input type="text" value="Languages"/>	
	Contact Person	
	<input type="text" value="M.N. Rinne, Chair"/>	

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 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

16/05/2008

Section 1
Description of the Proposed Calendar Change: Change requirement for Advanced Proficiency Certificate
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<input type="text"/>
1) French 2420 no longer exists
<input type="text"/>
2) French 2611 and French 2615 not always offered

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

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Under 6. Certificate of French Proficiency for Non-French Majors  
3. Advanced Proficiency  
"... One of French 2420 or French 2611 and 2615."

Delete "... One of French 2420 or French 2611 and 2615".  
Replace with "... One FCE in French at the second year level".

Section 3

The Faculty(ies) affected by the proposed calendar change

**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:

Signature of Dean