

## Request for Calendar Change Form

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

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. Gillian Siddall	Social Sciences and Humanities
	Department the change relates to	
	Languages	
	Contact Person	
	Vincent Schonberger	

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  | 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: Additional Half-Course
Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)
<input type="text"/>
Variety in offerings

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

Addition page 255

French 3----  
African and Caribbean Literature  
3-0; or 3-0  
Prerequisite: Third year standing in French\* or  
permission of the Department.  
A study of the evolution of African and Caribbean  
francophone literatures through novels, poetry,  
tales from its origins to the present. The course  
aims to show the characteristics of these two  
literatures; one that reflects a past of colonization  
in Africa and the other a history of slavery in the  
Caribbean.

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:

Dr. Gillian Siddall

Faculty:

Social Sciences and Humanities

Date:

Signature of Dean