| Request for Calendar Change Form |  |  |  |
| :---: | :---: | :---: | :---: |
|  |  | Tracking No: <br> (Senate Secretary's Office use only) <br> Date: |  |
| To From | Secretary of Senate <br> Name(Dean): <br> Faculty |  |  |
|  | Gillian Siddall | Social Science and Humanities |  |
|  | Department the change relates to |  |  |
|  | Minor Programs in Languages |  |  |
|  | Contact Person |  |  |
|  | Vincent Schonberger, Acting 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 <br> 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> V | $\begin{aligned} & \text { No } \\ & \square \end{aligned}$ |
| 2. Is a transition plan needed for student in progress? |  | Yes $\square$ | $\begin{aligned} & \text { No } \\ & \nabla \end{aligned}$ |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty? |  | Yes $\square$ | $\begin{aligned} & \text { No } \\ & \nabla \end{aligned}$ |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? |  | Yes $\square$ | $\begin{aligned} & \text { No } \\ & \nabla \end{aligned}$ |
| 5. Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? |  | Yes $\square$ | No $\nabla$ |
| 6 Will the proposed changes affect existing teaching loads within your department/school/faculty? |  | Yes $\ulcorner$ | No $\nabla$ |
| 7. Will the proposed changes increase demand for teaching support services such as the library, computing services and technical staff ? |  | Yes $\square$ | $\begin{aligned} & \text { No } \\ & \nabla \end{aligned}$ |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit? |  | Yes $\ulcorner$ | No $\nabla$ |
| 9. Do the proposed changes include change in course(s) which is/are required core course(s) for a major? |  | Yes $\square$ | $\begin{aligned} & \text { No } \\ & \nabla \end{aligned}$ |
| 10. Do the proposed changes include a change in course which is |  | Yes | No |


| service/required course(s) in another program? | $\square$ | $\nabla$ |
| :---: | :---: | :---: |
| 11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? | Yes $\square$ | 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 <br> Г | o |

Signatures: Date approved by faculty council

| Section 1 |
| :--- |
| Description of the Proposed Calendar Change: |
| Listing of minor programs. |
| Rationale of the Proposed Calendar Change(s): |
| (Corresponding to Section 2 where required) |
|  |
| Clarification of the description of minor programs. |



One FCE at the third year level: Classics 3701 or Classics 4311

Native Language Minor
An overall average of $60 \%$ is required in three Native Languages courses.
One FCE in Native Languages at the first year level One FCE in Native Languages at the second year level
One FCE in Native Languages at the third year level

| Section 3 |
| :--- |
| The Faculty(ies) affected by the proposed calendar change |
| Faculty of Education, Indigenous Learning |
| have been consulted regarding the attached calendar change and understand the <br> academic and budgetary implication on my Dept./ School/ Faculty. <br> I agree to this calendar change proposal No $\quad$ Yes $\square$ <br> Name: <br> Dr. Gillian Siddall, Acting Dean <br> Faculty: <br> Social Science and Humanities <br> Date: |

