

Request for Calendar Change Form

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

To Secretary of Senate
From Name(Dean): Faculty
Gillian Siddall Social Sciences & Humanities
Department the change relates to
Native Access Program
Contact Person
Gloria Hendrick-Laliberte

Is the proposed calendar change Undergraduate

Instructions:

- 1. In all cases please complete and attach sections 1 and 2
- 2. If the calendar change affects other departments/schools/faculties complete and attach section 3
- 3. If the answer to any of the questions below is yes, please explain. Attach separate sheets with reference to the question

1. Do the proposed calendar entry affect other departments/schools/faculties in terms of their calendar?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is a transition plan needed for student in progress?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Are the proposed changes likely to affect student enrollment in your department/school/faculty?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University?	Yes <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6 Will the proposed changes affect existing teaching loads within your department/school/faculty?	Yes <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Will the proposed change require direct or in-kind support from outside the academic unit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Do the proposed changes include a course(s) which is/are required core course(s) for a major in your, or another, department?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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|--|---------------------------------|---|
| 10. Do the proposed changes include a course(s) which is/are a service course(s) in your, or another, department? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 11. Do the proposed changes include a course(s) which is/are an open elective available to any student in any program? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 12. Do the proposed changes include a course(s) which is/are an elective in your major that is restricted to students in your major? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

Signatures:

Date approved by faculty council

Section 1

Description of the Proposed Calendar Change:
Addition of Indigenous Learning 1100

Rationale of the Proposed Calendar Change(s):
(Corresponding to Section 2 where required)

1

IL 1100 is required course for the Native Access Program

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
<p>1</p> <p>Page 264</p> <p>None</p>	<p>Indigenous Learning 1100 Introduction to Indigenous Learning This course provides an introduction to the experience of Native people before and after the arrival of Europeans. The aim of the course is to assist the student in exploring Native traditions and understanding the current situation of Native people.</p>

Section 3

The Faculty(ies) affected by the proposed calendar change


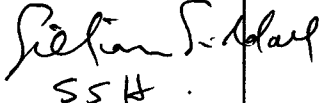
Indigenous Learning

I have been consulted regarding the attached calendar change and understand the academic and budgetary implication on my Faculty.


I agree to this calendar change proposal Yes No

If you choose "No" please explain why in the box below

Name:
Dennis McPherson
Faculty:
Indigenous Learning
Date:

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SSH .

Signature of Dean

recommend approval

19 Feb. 2009