

High School Recommendation – (Required only the first semester of enrollment)

I recommend enrollment of this student at Lansing Community College. I have conferred with the student and family and believe this enrollment is in the best interest of the student. I affirm that the student will have completed the eighth grade by the first day of classes at LCC.

Signature of School Official

Date: _____

School _____ Phone: _____

Return your completed form to the LCC Enrollment Services Office by fax, mail, or in person. Our contact information appears on the first page of this form. Our staff will forward your documentation to the academic department(s) that offer the courses listed under the Parent/Legal Guardian Approval section. You will be contacted when the review has/ been completed.

LCC Instructional Department Review

Approved

I approve enrollment of the above named student for:

Course Number _____ Course Title _____

at Lansing Community College for Semester _____ Year _____.

It is my opinion that the student is capable of handling the course requirements.

Not Approved

I deny enrollment of the above named student for:

Course Number _____ Course Title _____

at Lansing Community College for Semester _____ Year _____.

for the following reason(s) _____

Action:

The student has been contacted regarding denial of enrollment by Phone Letter

Signature of Department Official

Date