

**Core Course Substitution Request**

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| **Section I: Student** |
| **Please complete and submit this request to the LCC Academic Affairs Office, Administration Building, Room 201, 610 N. Capitol Avenue, Lansing, MI 48933, or via email to** **LCC-Academic-Affairs@lcc.edu**. |
| Name: |  | LCC email: |  @mail.lcc.edu |
| Student Number: |  | Phone Number: |  |
| Street Address: |  |
| City: |  | State: |  | Zip: |  |
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| Would you prefer to receive a decision notification via: | [ ]  U.S. mail | [ ]  LCC email |
| *If via email, please be sure the email address above is your correct LCC email.* |
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| Program/Major Name: |  |
| Program/Major Code: |  | Year of Curriculum Guide: |  |
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| I am requesting that the following course(s): |  |
| Taken at this institution (if other than LCC): |  |
| Fulfill the Core requirement in the following area(s) (check which): |
| [ ]  | Communication |
| [ ]  | Global Perspectives and Diversity |
| [ ]  | Mathematics |
| [ ]  | Science |
| [ ]  | Writing |
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| I am requesting this substitution for the following reason(s): |
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| Attach pertinent evidence/documents supporting this request. |
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| Student Signature: |  | Date: |  |

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| **Section II: Academic Affairs** |
| Provost or Designee Printed Name: |  |
|  | [ ]  Approve |
|  | [ ]  Do Not Approve |
| Provide reason for approval/denial of this course substitution: |
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| Signature of the Provost or Designee: |  | Date: |  |
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| Final decision notifications sent by the Academic Affairs Office to: |
|  | [ ]  Student |
|  | [ ]  Advisor |
|  | [ ]  Registrar |
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| Revised: 2022.01.25 |