

**Core Course Substitution Request**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:LCC-Academic-Affairs@lcc.edu). | | | | | | | | | | | | |
| Name: |  | | | | | | LCC email: | @mail.lcc.edu | | | | |
| Student Number: | |  | | | | | Phone Number: |  | | | | |
| Street Address: | |  | | | | | | | | | | |
| City: |  | | | | State: | |  | Zip: | | |  | |
|  | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Program/Major Name: | | |  | | | | | | | | | |
| Program/Major Code: | | |  | | | Year of Curriculum Guide: | | | |  | | |
|  | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I am requesting this substitution for the following reason(s): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Attach pertinent evidence/documents supporting this request. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Student Signature: | | |  | | | | | Date: | | | |  |

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